



HISTORIC
FRANKLIN
TENNESSEE

MOBILE FOOD VENDING PERMIT
(LOCATION SPECIFIC)
Required Documents Checklist

Name of Mobile Food Vendor: _____

Revenue Management Required Items	Applicant	Staff
Fire Inspection Completed by Fire Marshal	<input type="checkbox"/>	<input type="checkbox"/>
Copy of City & County Business License	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Williamson Co. Health Dept License	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Government Issued ID	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Vehicle Registration	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Proof of Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Color Photos of the Mobile Food Unit	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Permission from Business Owner, (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan Attached, (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Clearance of Structure/s Statement	<input type="checkbox"/>	<input type="checkbox"/>
Statement/Letter of Restroom Facilities, (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Application Fee, Non-Refundable (See Appendix A)	<input type="checkbox"/>	<input type="checkbox"/>
Permit Sticker Issued	<input type="checkbox"/>	<input type="checkbox"/>

I have read, completed and acknowledge that inspections and all documentation has been completed and the annual permit fee has been paid to the City of Franklin, Building and Neighborhood Services. I also acknowledge and agree that the City of Franklin has the right to require the movement of Mobile Food Vehicle, Trailer or other associated structures/furnishings should the City determine its presence is a threat to public safety.

Signature: _____ Date: _____

<p>For Office Use Only:</p> <p>Date of Receipt of Application: _____</p> <p>Date Revenue Management Issued Permit: _____</p> <p>Permit Number: _____</p> <p>Payment Type: Cash: <input type="checkbox"/> Check: <input type="checkbox"/> Check #: _____</p>
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