Osceola County
Mobile Food Sales Application

Osceola County Board of County Commissioners
Community Development Department
1 Courthouse Square, Suite 1400
Kissimmee, FL 34741
Phone: (407)742-0200
Specialpermits@osceola.org

<table>
<thead>
<tr>
<th>Submittal Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Property Owner Authorization: Shall be a notarized letter from the property owner of record or authorizing agent</td>
</tr>
<tr>
<td>☐ Proof of Ownership</td>
</tr>
<tr>
<td>☐ Legal Description</td>
</tr>
<tr>
<td>☐ Site plan showing:</td>
</tr>
<tr>
<td>● Lot Dimensions,</td>
</tr>
<tr>
<td>● Location of Mobile Foods service (with all details of set-up), showing all parking on private property ensuring that the required spaces for the primary establishment are available</td>
</tr>
<tr>
<td>● Setbacks of set-up from property and right-of-way lines, driveways, and any existing site improvements</td>
</tr>
<tr>
<td>☐ Copy of Business Tax Receipt</td>
</tr>
<tr>
<td>☐ Application Fees $135.00</td>
</tr>
</tbody>
</table>

**VALID BUSINESS TAX RECEIPT MUST BE OBTAINED FROM THE TAX COLLECTOR’S OFFICE PRIOR TO THE ISSUANCE OF A FOOD TRUCK SPECIAL EVENT PERMIT**

In accordance with Chapter 3, Article 3.8, Section 3.8.1.H of the Osceola County Land Development Code, authorization for Mobile Food Sales is issued to:

**Business/Applicant**

<table>
<thead>
<tr>
<th>Name:</th>
<th>BTR License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent/Lessee:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address of Event:</td>
<td></td>
</tr>
<tr>
<td>Dates of Event:</td>
<td>Hours</td>
</tr>
<tr>
<td>Description of Event:</td>
<td></td>
</tr>
</tbody>
</table>

**Property Owner**

| Name: | |
| Email: | Phone: |
| Address of Sales Lot: | |
| Parcel Number: | |
| Non-Profit Organization Name: | Tax ID# |

I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that I am:

( ) Owner of the property described herein.
( ) Party to an agreement for deed or sales contract for the purchase of this property. (If this area is checked, you must be specifically authorized in the contract, or by another legal document, to initiate an application for this request.)
( ) Agent for the owner or purchaser of this property. (If you checked this area, a written notarized authorization letter from the property owner(s), to act on their behalf, must accompany this request.)

DATE: _____________ SIGNATURE: __________________________________________

**For Office Use Only**

Date of Issuance: ____________________________
Effective Date: ____________________________
Expiration Date: ____________________________
Location of sales: ____________________________
Zoning Approval: ____________________________

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3.8.1 COMMERCIAL USES

H. Food Trucks

Mobile Food Service Operations shall be permitted as indicated in the Use Tables subject to the following:

1. Operator shall obtain a special event permit that shall only be permitted on private property.
2. Operate no later than 10 pm on weekdays, Sunday to Thurs., midnight on weekends, Friday and Saturday.
3. No permitted sale of alcoholic beverages
4. No temporary structures or stages permitted
5. Provide notarized letter from the property owner of record or authorizing agent granting permission to use the property for such use.
6. Provide all parking on private property ensuring that the required spaces for the primary establishment are available.
7. Provide and place in full view copies of all required state licenses
8. Location of refuse collection and sanitation facilities shall be provided to the County prior to operation.
OSCEOLA COUNTY
AGENT AUTHORIZATION FORM

I/we, as the owner(s) of real property in Osceola County, Florida, which is described below do hereby authorize the following person or persons to act as my/our agent to execute any petitions, applications, or other documents necessary to affect the application approval requested and more specifically described below, and to appear on my behalf before any administrative or legislative body in the County concerning the application(s) and to act in all respects as my/our agent in matters pertaining to the requested application(s).

Agent Information [PLEASE PRINT]
Name(s): __________________________________________________________
Company: __________________________________________________________
Phone: ______________________ Email: _______________________________

Requested Application(s): __________________________________________

Subject Property [PLEASE PRINT]
Address: __________________________________________________________
Parcel ID(s): ______________________________________________________
Legal Description: _________________________________________________
☐ See Attached

Property Owner(s) Information [PLEASE PRINT]
Property Owner Name(s): _____________________________________________
Address: __________________________________________________________
Phone: ______________________ Email: _______________________________

SIGNED AUTHORIZATION

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing document was (or affirmed) and subscribed to before me this ______day of __________ 20____ by ________________________________ who is personally known to me or who produced ______________________________ as identification.

Public Notary Seal:

______________________________
Signature of Notary

Notary # ________________________
My Commission Expires: ____________