



PERMIT NUMBER: \_\_\_\_\_

## MOBILE FOOD TRUCK PERMIT

**Applicant (Vendor):** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone and Email: \_\_\_\_\_

**Vehicle Owner Name (if different than applicant):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone and Email: \_\_\_\_\_

**Name of Food Truck and Business:** \_\_\_\_\_

**Food Truck Vendor's Driver's License Number:** \_\_\_\_\_

**Food Truck Vehicle License Number:** \_\_\_\_\_

**Proposed Vending Locations (if more than 3, please attach a separate sheet)**

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

**Description of Vehicle:** \_\_\_\_\_

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A complete application, all supplemental materials, and a non-refundable Mobile Food Truck Permit application fee in the amount of \$75.00, payable to the City of Fountain shall be submitted with application to: City of Fountain, 116 S. Main St., Fountain, CO 80817. Permits shall be filed annually.

The undersigned agrees to hold harmless and indemnify the City of Fountain from all liability, claim, or demand for any event or incident involving damages, injuries, or the non-payment of any obligation incurred by the undersigned which may be asserted against the City and further agrees to defend the City of Fountain against any claim arising therefrom, and to pay any judgment which may be obtained. Further, the undersigned agrees to furnish, at its cost, such liability insurance, if any, required or requested by the City in Fountain. The undersigned acknowledges that the City of Fountain will not assume any costs relating to any injury incurred during said activities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Approval

\_\_\_\_\_  
Date

## Checklist for Applying for a Mobile Food Truck Permit

- \_\_\_\_\_ Copy of Health Certificate from the Colorado Department of Health
- \_\_\_\_\_ Copy of Valid Driver's License , Motor Vehicle Registration, Current Motor Vehicle Insurance (Liability Coverage of \$500,000.00 per mobile food preparation Vehicle with the City named as additional insured.)
- \_\_\_\_\_ Colorado Retail Food License for Mobile Unit
- \_\_\_\_\_ Valid Sales Tax License
- \_\_\_\_\_ City of Fountain Business License
- \_\_\_\_\_ A List of Products to be Sold (Menu)
- \_\_\_\_\_ The Dates, Jurisdiction, Court and Disposition of the following if applicable:  
All felony, misdemeanors or violations directly or indirectly related to food, food preparation, permit operations, and/or business operations related to the applicant.



**CITY OF FOUNTAIN  
APPLICATION FOR TEMPORARY USE**

<b>Applicant/Business Name:</b>	<b>Phone #:</b>
<b>Applicant/Business Address:</b>	
<b>Property Owner Name:</b>	<b>Phone #:</b>
<b>Property Owner Address:</b>	
<b>Location/Address of Temporary Use:</b>	
<b>Tax Schedule #:</b>	<b>Zoning:</b>
<b>Type of Temporary Use:</b>	
<b>First Date of Operation:</b>	
<b>Last Date of Operation:</b>	
<b>Hours of Operation:</b>	

**Requirements:**

1. Written authorization from property owner must be provided;
2. Two copies of a site plan must be submitted showing the location of the use, off-street parking, access, setbacks, lot dimensions and the location of structures on the property;
3. A business license must be obtained;
4. Safe access and adequate off-street parking shall be provided for the use. If applicable, an access permit and/or approval from the El Paso County Department of Public Works or Colorado Department of Transportation is required prior to City Zoning Administrator approval;
5. May require El Paso County Department of Health & Environment inspection and/or approval (a Health Certificate is required if food items are not prepackaged); and
6. Any temporary use causing a dust problem will require dust control acceptable to the El Paso County Department of Health & Environment.

I hereby certify that I am the applicant named herein and that the foregoing statements contained herein and the information provided is in all respects true and accurate to the best of my knowledge and belief.

<b>Signature of Applicant:</b>	<b>Date:</b>
<b>Title of Applicant:</b>	

<b>Signature of Zoning Administrator:</b>	<b>Date:</b>
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**Conditions:**

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<b>For Office Use Only:</b>	
<b>Date Received:</b>	<b>Received By:</b>
<b>Written Authorization from Property Owner:</b>	<b>Business License:</b>
<b>Access Approval (if applicable):</b>	<b>Site Map:</b>
<b>Health Dept. Approval (if applicable):</b>	

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