

CITY OF SALUDA

NORTH CAROLINA

MOBILE FOOD VENDOR PERMIT

192	DatePerm	it#	
Tax Lo	ot NoZoi	ning District	_
LOCATION OF PROJECT			
Applicant	Phone #	Email	
Mailing Address	City	State	Zip Code
Property Owner	Phone	Email	
Address	City	State	Zip Code
Site Location		Date(s) on Site _	
Applicant/Owner Initial 1 Applicant shall be respon	sible for reading and understand	ling the Mobile Food Ve	ndor regulations for the C-H
C-1, and Greenville Neighborhood 2	-	•	nuon regulations for the e-ri,
2. All food and beverage re- contingent upon the submission an departure from the plans submitted	• • • • • • • • • • • • • • • • • • • •	and acknowledgment o	
3. Any damage to streets or repaired to City specifications by th Saluda Zoning Administrator. Failur		a timely manner to the	satisfaction of the City of
4. Upon vacating a property Restrooms must be available on or	or location the Applicant must adjacent to the property in whic		oris from premises.
5. Mobile Food Vendor(s) sl Special Event Permit is issued by th	hall not be allowed to locate on le City of Saluda Board of Commi	•	reets and roadways, unless a
6. No more than (2) two Mo occurrence. Any supplemental pow vendor.	bile Food Vendors may occupy a er for the Mobile Food Vendor (
Applicant's Name	Sign	ature	
CITY ZONING APPROVAL			
Saluda Zoning Administrator Sig	ned	Date	
One copy of this Permit shall be display on the site.	e posted in a weatherproof o	Only	ApprovedY N