



Mobile Food Vendor Application

Name of Food Vendor/Owner: _____

Address: _____

Phone Number/s: _____

Items interested in selling: **YOU MUST LIST AND SPECIFY EACH ITEM YOU WILL BE SELLING. *Food Handling Certificate will be required***

***Mobile Food Vendors:** Means any person offering to sell prepared food from a self-contained food service operation located in a readily moveable motorized, wheeled, self propelled to tow vehicle.

***Fees and licenses:**

1. All vendors participating shall be required to obtain a city business license
2. All vendors shall pay a seasonal fee of \$75.00
3. All vendors shall have and provide a copy of a valid Fresno County Health permit to operate
4. All vendors shall provide a copy of the food handler's certificate
5. All vendors shall maintain and provide proof of comprehensive general liability insurance with a minimum policy limit of \$1,000,000.00 per occurrence. Such insurance shall name as additional insured the city, its officers and employees

***Set-Up and Times:**

1. The events are scheduled for every week through October 31, 2024 on Thursday evening from 6:00pm to 11:00pm, Friday evenings from 6:00pm to 12:00am and Saturday evenings from 6:00pm to 12:00am
2. All vendors shall begin dismantling half an hour prior to closing times.
3. Vendors shall be staffed at all times

***Conditions and Restrictions**

1. Vendors shall operate in compliance with all applicable federal, state, county and city laws and regulations
2. Vendors shall continuously maintain vehicle operation in compliance with safety provisions in the California Vehicle Code
3. All Health permits required by law for vending any food items shall be always displayed in a conspicuous place upon each mobile vendor vehicle
4. Each vendor shall maintain the area immediately surrounding the vending area in a neat, clean and sanitary condition
5. No alcohol sales shall be permitted
6. No amplified music, speakers or other noise devices are permitted

Location:

The location for Mobile Food Vendors shall be in the Diane Feinstein Skatepark Parking Lot on E. Parlier Avenue

Please print name: _____

Sign: _____ **Date:** _____

For more information, please contact City Hall at 559-626-4488, press O