



**APPLICATION FOR MOBILE VENDING PERMIT  
THIS APPLICATION MUST BE NOTARIZED  
PERMIT FEE: \$250 PER MOBILE VENDING UNIT PER YEAR**

**APPLICANT INFORMATION (PLEASE PRINT)**

Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Social Security Number and/or Federal ID Number: \_\_\_\_\_

**BUSINESS INFORMATION (PLEASE PRINT)**

Name of Business: \_\_\_\_\_  
Business Owner: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_  
State Tax ID Number: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

City of Long Beach Privilege Tax License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

MS Department of Health Food Service Permit Number: \_\_\_\_\_

Location(s) Applied For: \_\_\_\_\_

Vending Type: ( ) Mobile Push Cart ( ) Mobile Food Vehicle ( ) Stationary Vendor ( ) Other



**OWNER'S CONSENT FORM FOR MOBILE VENDOR OPERATION**

**BUSINESS INFORMATION (PLEASE PRINT)**

Name of Business: \_\_\_\_\_  
Business Owner: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_  
City of Long Beach Mobile Food Vendor Permit Number: \_\_\_\_\_  
Vending Type: ( ) Mobile Push Cart ( ) Mobile Food Vehicle ( ) Stationary Vendor ( ) Other

**PROPERTY OWNER INFORMATION (PLEASE PRINT)**

Name of Property Owner: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ to \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Business Owner Signature Date

\_\_\_\_\_  
Property Owner Signature Date



**APPLICATION FOR MOBILE VENDING PERMIT**

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PERMIT FEE: \$250.00 PER MOBILE VENDING UNIT PER YEAR**

Brief Description of Items to be Sold: \_\_\_\_\_  
\_\_\_\_\_

Days of Operation: \_\_\_\_\_ to \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Number of Employees for Request Site: \_\_\_\_\_

**PLEASE READ LONG BEACH CODE OF ORDINANCES NUMBER 666**

I, \_\_\_\_\_ hereby attest that the information provided above is true and accurate to the best of my knowledge and is submitted for the purpose of applying to the City of Long Beach for a Mobile Food Vending Permit. I agree to comply with the City of Long Beach policies and procedures as described in Ordinance 666, for obtaining a permit pursuant to the City of Long Beach Mobile Food Vending Ordinance. In the event that the permit is terminated, the Mobile Food Vending Permit is immediately suspended and all operations must cease.

\_\_\_\_\_  
Signature Date

Subscribed and sworn before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My Commission Expires: \_\_\_\_\_  
Date Notary Public

**PLEASE COMPLETE THIS CHECKLIST BEFORE SUBMITTING THE APPLICATION:**

- MS Department of Revenue Sales Tax Account Number
- MS Department of Health Food Service Permit
- Proof of a Valid Insurance Policy with a Minimum Liability Coverage of \$1,000,000
- City Fire Inspector Approval
- Property Owner Consent Form