



Mobile Food Vending Unit (MFVU) Permit Application

Submit Applications to City Hall

Street Address: 114 North Kidd Street, Ionia, MI 48846

Mailing Address: P.O. Box 496, Ionia, MI 48846

Ph: (616) 527-4170 Website: www.ci.ionia.mi.us

Date of Application: _____

Application Fee: Varies - See Page 2

This application is required for all mobile food vending units (food trucks) operating within the City of Ionia. Applicants must receive approval of the application from the City Manager, provide all required documentation, and adhere to the requirements established in Chapter 1293 of the City of Ionia Code of Ordinances.

Application Type (Check one): _____ New _____ Renewal

Applicant Information

Applicant's Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Business Information

Business Name: _____ Phone: _____

EIN/SSN: _____ Email: _____

Type of MFVU: _____ Trailer _____ Food Cart _____ Tent
_____ Motor Vehicle _____
(Make) (Model) (Year)

License Plate No : _____

MI Dept. of Agriculture & Rural Development (MDARD) License No.: _____

Operator's Name: _____

Driver's License No. or State ID Card: _____
(A photocopy must be submitted with the application)

Property Owner Information

Owner(s) Name: _____ Phone: _____

Owner(s) Address: _____ Email: _____

City: _____ State: _____ Zip: _____

** A letter of authorization from the property owner must be submitted with this application.*

Mobile Food Vending Unit (MFVU) Details

1. What is the proposed location of the MFVU? _____

2. Type of MFVU permit:

___ Single Day Permit - \$25 ___ Temporary Permit (15 Days) - \$100

___ Seasonal Permit (9 Months) - \$300

3. Date Range of Operation: _____

4. Hours of MFVU Operation (If applicable):

Sun: _____ Mon: _____ Tues: _____ Wed: _____

Thurs: _____ Fri: _____ Sat: _____

5. How many employees will be working at the MFVU: _____
(Please attach a separate list with the names and addresses for each employee of the MFVU.)

6. What is the power source for the MFVU:

___ Generator ___ On Site Electric Other: _____

7. Please provide a brief description of the MFVU including the type of food to be served:

Requirements

All applications must include the following requirements listed below and provide all needed documentation for review by City Staff:

1. A site plan sketch including the location of the MFVU related to all other structures on the property, placement of any accessory items (tables, trash cans, etc.), and the designated parking area shall be included in the application for approval.
2. A photocopy of the Michigan Department of Agriculture and Rural Development (MDARD) license.
3. A photocopy of the driver's license or State ID card for the operator of the MFVU.
4. A letter of authorization from the property owner, if applicable.
5. A list of the names and addresses for all employees of the MFVU. This is because the City of Ionia has adopted the Michigan Uniform City Income Tax Act. All employees working in the City are required to have city income tax withheld from their checks at the rate of 1% for residents and ½% for non-residents.
6. No dumping of gray water or other waste products on the ground is permitted.
7. Seating, tables, and other fixtures used for operation of a MFVU shall not be permanently placed on the property. All items used in association with the MFVU must be properly stored and put away at the close of business each day.
8. No flashing, blinking, or strobe lights are allowed.
9. A MFVU shall not be located closer to 200 feet from any business that sells the same type of food product as the vendor without prior written permission of the local business.
10. All requirements of Chapter 1293 shall be followed in addition to any other local, state, and federal regulations pertaining the MFVU's operation.

Signature

By signing below, I _____ (print name), acknowledge that I have read and understand the provisions of Chapter 1293 of the City of Ionia Code of Ordinances pertaining to Mobile Food Vending Units and that the information given in this application is accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Approved or **Denied** (Circle One)

Comments: _____

Signature: _____ Date: _____

Application #: _____ Date of Expiration: _____

City Staff Recommendations

Public Safety Director

Recommended: Yes No

Comments: _____

Signature: _____ Date: _____

Finance Director

Recommended: Yes No

Comments: _____

Signature: _____ Date: _____

Other City Staff (as needed)

Recommended: Yes No

Comments: _____

Signature: _____ Date: _____