



City of Garfield
14655 S. Wimpy Jones Road
Garfield, AR 72732
479-359-3652

MOBILE VENDOR APPLICATION

PLEASE CHECK THE APPLICABLE PERMIT TYPE BELOW

MOBILE VENDOR - TEMPORARY MOBILE VENDOR - FIXED PERMIT

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be considered complete or processed for review until all necessary information is furnished. **An application fee of \$20.00 per day for a Temporary Permit or \$100.00 for a Fixed Permit is required at the time of submission.**

Application:

Proof of identity and a full-face photograph (at least 2 in., not more than 3 in.) of the applicant is required.

Applicants Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If the applicant is employed by another:

Business/Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

A detailed site plan showing proposed location is required.

Vending location/Address: _____

Product for Sale or Service Offered (Describe):

1. Food/Beverage: (attach a menu if available) _____

2. Product: _____

3. Service: _____

Description of Mobile Device or other structure to be utilized for conduction the business:

If a motor vehicle is being used provide the following:

***Proof of current driver's license for all drivers**

***Proof of current insurance for the vehicle**

Make _____ Year _____ Model _____ License No. _____

Description of any additional structures to be used in conducting the business, including but not limited to stairs, decks, tents, or enclosures: (food truck, trailer, table, tent, etc.)

**A detailed scaled drawing or photo of the conveyance showing dimensions
And location of any proposed signs is required. All signage must be in compliance with
Ordinance 177**

Number of parking spaces on the property: _____

Arkansas Sales and Use Tax ID Number: (a copy must accompany this application) _____

Date of inspection by the Arkansas Department of Health: (a copy must accompany this application) _____

APPLICANT/VENDOR: I certify under penalty of perjury that the foregoing statements and answers herein made, all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination, or approval. I understand that the City of Garfield might not approve what I am applying for or might set conditions of approval.

Name Printed: _____ Date: _____

Signature: _____

PROPERTY OWNER(S): I/we certify under penalty of perjury that I am/we are the owner(s) of the property that is the subject of this application and that I/we have read this application and consent to its filing. Further, I/we certify that permission is hereby given to the applicant/vendor listed above for the operation of an Outdoor Mobile Vendor business on the subject property, as described herein.

Name Printed: _____ Date: _____

Signature: _____