



# CITY OF PARKER

1001 WEST PARK STREET • PARKER, FLORIDA 32404  
TELEPHONE (850) 871-4104 • FAX (850) 871-6684

Date of Submittal: \_\_\_\_\_

Vendor Permit #: \_\_\_\_\_

Land Use Designation: \_\_\_\_\_

Parcel ID# \_\_\_\_\_

## CITY OF PARKER MOBILE FOOD VENDOR PERMIT APPLICATION

Permit No: \_\_\_\_\_ Issued: \_\_\_\_\_  
(expires September 30<sup>th</sup> of each year)

Description of business: \_\_\_\_\_

Proposed Location/Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Permanent home address: \_\_\_\_\_

Local address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Vehicle or trailer tag number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

SSN or taxpayer identification number: \_\_\_\_\_

I hereby certify that the information provided is true and correct and apply for a permit to operate as a mobile food vendor in the City of Parker. I agree to abide by all requirements of the City Code of Ordinances, particularly those of Chapter 18, and any amending ordinances.

Signature/Date: \_\_\_\_\_

City Clerk/Designee

Signature/Date: \_\_\_\_\_

Police Dept/Designee

**MOBILE FOOD VENDOR PROPERTY OWNER AUTHORIZATION AFFIDAVIT**

I, \_\_\_\_\_, being the owner of the property located at \_\_\_\_\_, Parker, Florida, hereby authorize \_\_\_\_\_ to operate a mobile food vending business on the property listed above. Furthermore, as the property owner, I:

- 1. Will comply with all City requirements regarding solid waste disposal , and I will provide the vendor access to solid waste collection on the subject property; and
- 2. Have been given and read a copy of the local ordinance governing mobile food vendors and understand that I will be held responsible, along with the vendor, for any violations; and
- 3. I will ensure that the property is maintained in a neat, clean, and orderly manner.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

State of Florida, County of Bay:

The foregoing instrument was acknowledged before me this \_\_\_day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ herein by himself/herself.

\_\_\_ Personally known \_\_\_ Identification: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print Name

(Affix Notary Seal Above)