

TOWN OF WESTFORD, VERMONT
Mobile Food Vendor Application

LICENSE # _____ (LICENSE IS NOT TRANSFERABLE)

FOOD AND/OR SERVICES:

Fully describe food and/or services to be offered for sale or otherwise distributed and the manner to be used in offering goods for sale or distribution.

APPEARANCE:

Attach photographs that accurately represent the appearance of the applicant's mobile food stand, exterior signage and vehicle, trailer cart and/or tent.

SITE PLAN:

Attach a site plan showing the location and dimensions of the vehicle, trailer, tent, cart, etc. to be used as a mobile food stand, the location and dimensions of the area to be utilized by the mobile food vendor, and the location of parking, signage, recycling and non-recycling receptacles, outdoor tables, seating and all other exterior items associated with the use.

Note: Mobile Food Vendors are allowed on Private Property in the Common Zoning District with the permission of the property owner(s) or on Public Property within the areas identified and specified in Exhibit A – Public Property Mobile Vendor Locations.

OPERATIONS & EMPLOYEES:

Times and dates of operation: _____

Number of Employees: _____

REQUIRED STATE CERTIFICATES, LICENSES, ETC.:

Attach the following State certificates, licenses, etc.:

1. State of VT Sales and Use Tax Certificate
2. VT Dept. of Health Temporary Food Service Establishment License and/or VT Dept. of Health License to Operate a Food and Lodging Establishment.
3. VT Dept. of Health Inspection.
4. License Plate and Registration # of vehicle/trailer or any other means of identification, if a vehicle and/or trailer is to be used as a mobile food stand.

License Plate #: _____ Registration #: _____

INSURANCE:

Attach current and active Certificate of Insurance.

Provider Company: _____ Policy # _____

Note: Proof of insurance liability policy with a minimum of \$2,000,000 general aggregate and \$1,000,000 per occurrence available to cover any injury or damage resulting from the applicant’s activities in the Town of Westford is required. Of the operation will be carried out on the public property the Town of Westford shall be named as an additional insured on the policy.

OWNER INFORMATION:

Name(s): _____ Email: _____

Address: _____ Reach Phone #: _____

Signature(s) of Owner(s)

Date Signed

APPLICANT INFORMATION:

Name(s): _____ Email: _____

Address: _____ Reach Phone #: _____

Signature(s) of Applicant(s)

Date Signed

Note: If the applicant is employed or sponsored, the name address and telephone number of the applicant’s employer or sponsor of the applicant’s Mobile Food Vendor activities, together with credentials establishing the exact relationship shall be provide.

The signer(s) agrees to observe the conditions of the license and all other provisions of the Town of Westford’s MOBILE FOOD VENDOR ORDINANCE, Adopted by the Town of Westford Selectboard (7/15/18)

DO NOT WRITE BELOW THIS LINE – Office Use Only

Administration Decision

Completed Application Received: _____ Fee Paid: _____

Date Denied (see reverse for cause): _____

Date Approved: _____ Time Period License Effective: _____

Harmony Cism, Zoning Administrator _____