

Building, Planning & Zoning
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COUNTY OF BATH
MOBILE FOOD VENDOR PERMIT APPLICATION

Name of Applicant: _____

Home Address: _____

Phone Number: _____

Business Address: _____

Phone Number: _____

Address where mobile food unit is stored when not in operation:

Name of Mobile Food Unit: _____

License Plate Number: _____

Mobile Food Unit Size: _____ (square feet)

Signage Size: _____ (square feet)

Checklist of Permit-Required Items:

Please initial each line so that is clear that you have read and understand the requirements for Mobile Food Vendors:

_____ **Health Department Approval.** Each mobile food vendor shall provide a copy of a valid Mobile Food Establishment Permit issued by the Virginia Department of Health. No zoning clearance will be issued without prior approval from the health department. **Permit Expiration Date:**

_____ **Owner's Permission.** Operation of a mobile vending unit on private property for any length of time requires permission from the property owner.

_____ **Verification of Zoning.** Mobile food vendors may operate in any business, industrial, or agriculturally zoned properties. Verification of proper zoning from Zoning Administrator must be obtained prior to locating on property.

_____ **Commissary Facility.** State regulations require that food sold from a mobile unit must be prepared and stored either onboard the unit or in a health department permitted commissary facility. Food may not be prepared or stored in a home kitchen.

_____ **Parking.** Each vending site is required to have adequate parking and parking shall not obliterate or hinder sight distance of other vehicles as they leave or enter the property.

_____ **Photograph.** Attach photograph of vending unit.

Owner/Applicant Must Read and Sign:

I hereby apply for approval to operate as a Mobile Food Vendor in Bath County, and certify that the address information provided is correct. I also certify that I have read the regulations as they apply to Mobile Food Vendors, that I understand them, and that I will abide by them.

Signature of Applicant _____

Date _____

Approved:

Date: _____

Zoning Administrator

Conditions:
