

# COUNTY OF ALBEMARLE

## Application for Zoning Clearance for MOBILE FOOD VENDOR

**Zoning clearance fee = \$62.40**  
Application fee: \$60 + Technology Surcharge \$2.40



- Mobile Food Vendor checklist (page 2 of application)
- Certification that notice of this application has been provided to the property owner, if owner is different from applicant. (page 4)

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Tax map and parcel** \_\_\_\_\_

**Address Where Mobile Food Unit is Stored When Not in Operation ?**  
\_\_\_\_\_

**Vending Location & Days/ Hours of Operation**  
(please list separately for each location within Albemarle County)

**Applicant** (who should we contact about this project): \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Owner of Record** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

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PLEASE CHECK EACH BOX SO THAT IT IS CLEAR THAT YOU HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR MOBILE FOOD VENDORS:

For additional details and contact information, please refer to the Albemarle County Mobile Food Vendors FAQs.

- 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 Site Plan Compliance.** Mobile food vendors may operate by right in any commercial zoning district. Operation at a single location for more than two hours at a time is subject to compliance with a site plan. Mobile food units must be no closer than 30 feet from any public right-of-way and 50 feet from any residential or Rural Areas zoning district.

- 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 shall provide a minimum of two parking spaces.

- Business License.** Mobile food vendors who operate in Albemarle County are required to obtain a business license.

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### Owner/Applicant Must Read and Sign

I hereby apply for approval to operate as a Mobile Food Vendor in Albemarle County, and certify that the address information provided on this application is correct. I also certify that I have read the restrictions on Home Occupations, that I understand them, and that I will abide by them. This certificate represents zoning approval to conduct the vending activity identified above.

\_\_\_\_\_  
Signature of Owner or Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Daytime phone number of Signatory

## APPROVALS

Other Official \_\_\_\_\_

Date \_\_\_\_\_

Zoning Official \_\_\_\_\_

Date \_\_\_\_\_

### CONDITIONS:

FOR OFFICE USE ONLY	CLE # _____	Fee Amount \$ _____	Date Paid _____
By who? _____	Receipt # _____	Clk# _____	By: _____

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### CERTIFICATION THAT NOTICE OF THE APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER

*This form must accompany zoning applications (Home Occupation, Zoning Clearance, Zoning Administrator Determinations or Appeals, Sign Permits, Building Permits) if the applicant is not the owner.*

I certify that notice of the application, \_\_\_\_\_  
[County application name and number]

was provided to \_\_\_\_\_ the owner of record of Tax Map  
[name(s) of the record owners of the parcel]

and Parcel Number \_\_\_\_\_ by delivering a copy of the application in the manner  
identified below:

\_\_\_\_\_ Hand delivering a copy of the application to \_\_\_\_\_  
[Name of the record owner if the record owner is a person; if  
the owner of record is an entity, identify the recipient of the record and the recipient's title or office for that  
entity]

on \_\_\_\_\_  
Date

\_\_\_\_\_ Mailing a copy of the application to \_\_\_\_\_  
[Name of the record owner if the record owner is a person; if the own-  
er of record is an entity, identify the recipient of the record and the recipient's title or office for that entity]

on \_\_\_\_\_ to the following address:  
Date

[address; written notice mailed to the owner at the last known address of the owner as shown on the cur-  
rent real estate tax assessment books or current real estate tax assessment records satisfies this require-  
ment].

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Date