



Mobile Food Vending Units (Food Trucks) OVERVIEW

Please refer to Chapter 7230 of the Unified Development Ordinance for complete information. UDO found [here](#).

Fee

Temporary Event: \$50 + Technology Fee (10%)

Semi-Annual: \$125 + Technology Fee (10%)

Mobile Food Vending Unit (Food Truck) Definition

Any motorized or nonmotorized vehicle, trailer, food truck, or other device designed to be portable and not permanently attached to the ground from which food is vended, served or offered for sale. This unit, which leaves its point of sale location, returns daily to its base of operations and is used for either the preparation or sale of food products, or for both.

Permitted Locations (Zoning Map Located [Here](#))

- Downtown Overlay
- Light-Industrial District
- Heavy-Industrial District
- Regional Business District
- Village Overlay Districts (Non-Residential Only)

Required Documentation & Licenses

- Union County Health Department
- NC Department of Agriculture approval (if necessary)
- Proof of property owner's permission
- Valid driver's license
- Copy of vehicle registration
- Photo of MFVU
- General liability insurance coverage policy (if necessary)

Hours of Operation

Sunday – Thursday: 6 am to 10 pm

Friday & Saturday: 6 am to 12 am

Application Due

Due to Town of Indian Trail at least ten (10) business days prior to event where food service will be provided.

Location Requirements

Sketch must be provided to show intended location of truck as well as compliance with Chapter 7230. For food truck location requirements, see Chapter 7230, G.

Approval permit issued by the Town must be displayed in a conspicuous location.



Mobile Food Vending Unit (Food Truck) Application

BUSINESS INFORMATION	
Name of Truck	Driver License #
DBA Name (If Different)	Truck Registration # (Include Copy)
Address	License Plate #
Address	Email
Phone	Website

FOOD TRUCK OWNER(S) INFORMATION		
Name	Phone	Email

PROPOSED VENDING LOCATION & TIMES				
Location/Address *	Property Type		Days	Shift/Hours
	Public	Private		
	Public	Private		

* Applicant must notify Town of any change in location from approved application

REQUIRED DOCUMENTS (Attach to this Application)	
Required of All Applicants	<ul style="list-style-type: none"> ◇ UC Health Dept Documents (inspection report, sanitation rating, permit) ◇ NC Dept of Ag approval, if necessary ◇ Copy of vehicle registration ◇ Color photo of food truck
Required of Applicants Planning to Vend on Private or Town Property	<ul style="list-style-type: none"> ◇ Copy of property owner lease or letter indicating approval ◇ Sketch: Including proposed location and distance compliance with Ch 7230
Type of Permit	Temporary Semi-Annual

APPLICANT SIGNATURE		
Printed Name	Signature	Date

TOWN OF INDIAN TRAIL OFFICE USE		
Date Received	Single Event/Semi-Annual	Fee Total



One Stop Permitting

500 N. Main Street
Suite #47
Monroe, NC 28112

T. 704.283.3553

<https://ucinspect.unioncountync.gov/evolvepublic/>

_____ X \$75.00 = _____ # of Temporary Food Establishment (TFE) Applications Associated with Event
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EVENT ORGANIZER APPLICATION

The Event Organizer Application and all Temporary Food Establishment (TFE) Applications must be submitted 15 calendar days prior to the event. It is the Event Coordinator's responsibility to ensure all TFE vendor applications are completed and submitted along with Event Organizer Application.

- *When submitting online, the Event Organizer is responsible for paying all of the TFE vendor fees.
Online submissions - <https://ucinspect.unioncountync.gov/evolvepublic/> please create an account if you do not already have one. Please make sure you remember to upload all required documents upon submittal. Please do not apply until all temporary food establishment vendors, mobile food unit vendors and non-profit food vendors are identified, as no additional vendors can be added after submittal, unless submitted greater than 15 days prior to the event.
- *Submitting a hard copy to the front office requires that all TFE applications and payments be received at the time the Event Organizer submits. TFE application will not be processed without payment.

Organizer Information

Organizer Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (8am-5pm): (____) _____ After 5pm): (____) _____

E-Mail: _____

Event Information

Name of event: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Parcel ID Number: _____

Dates and hours of operation:			
Event Date(s):	to	Hour(s) of Operation:	to
Rain Date(s):	to		

Admission Charged: Yes No

Will event last for at least 6 consecutive hours? Yes No

Maximum Attendance: _____

Will the sewage disposal be: (Check one that applies) Municipal (public) Septic system Portable Toilets

Is there a septic system on the property Yes No Will the system be used for the Event Yes No

Will the organizer be supplying water to the food booths? Yes No

If yes, what is the water source? City/Public Private Well

Date/time food vendor(s) will be allowed on site for setup: _____

Will tents be provided? Yes No Will inflatables be provided? Yes No

Yes **Map attached of the event grounds showing the location for each food booth, toilet facilities, water connections, existing septic systems, well(s) on property, tents, inflatables and parking, etc. (Indicate the square footage of each tent and/or inflatable).**



TEMPORARY FOOD ESTABLISHMENT VENDOR (\$75 per TFE VENDOR)

Name of Booth	Owner/Operator	Phone Number/E-mail	General Menu
Example Food Booth	Jane Doe	704-000-0000 email@email.com	Funnel Cakes, blooming onions, sandwiches, hamburgers, and corn on the cob.

MOBILE FOOD UNIT (MFU)

Name of MFU	Owner Phone Number/E-mail	County of Operation	Unit's Permit ID Number

NON-PROFIT FOOD VENDOR

G.S. 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with Chapter 55 of the General Statutes or are exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-228.90 or that are political committees as defined in G.S. 163-278.6(14) to prepare or serve food and/or drink for pay no more than once a month for a period of two consecutive days.

Nonprofit Name	Contact Person	Phone Number/E-mail	Registration Number

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Union County Environmental Health may nullify final approval and prevent issuance of permits to participating food vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2635 a temporary food establishment permit will not be issued.

Print Name

Signature

Date