



MOBILE FOOD OR RETAIL VENDOR PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT

33325 8th Avenue South

Federal Way, WA 98003

253-835-2607; Fax 253-835-2609

www.cityoffederalway.com

This permit application is for Class III mobile food or retail vendors accessory to an established use on the property as required by FWRC [19.290.060](#) and [19.290.080](#).

FILE NUMBER _____ - _____ Date _____

APPLICANT INFORMATION

Owner NAME			Owner PHONE NUMBER
Applicant NAME (If different than owner)			Applicant PHONE NUMBER
MAILING ADDRESS			E-MAIL
CITY	STATE	ZIP	FAX
Business NAME			Doing Business As (DBA) (If different than business name)
Vehicle Registration #			WA State UBI #

Property Address/Location _____

Parcel Number _____

Zoning Designation _____

Describe Goods to be Sold/Business Activity _____

Vehicle Specifications:

Dimensions: _____ Height: _____ Weight: _____

All application materials must be submitted electronically. Please visit our website at <https://www.cityoffederalway.com/node/4588> to request a document upload link and obtain information on how to successfully prepare your application materials for electronic submittal and review.

SUBMITTAL DOCUMENTS

Req.	Sub.	
<input type="checkbox"/>	<input type="checkbox"/>	Completed Mobile Food or Retail Vendor Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	Signed Mobile Food or Retail Vendor Supplemental Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan: Plans must be drawn to scale and include a north arrow
		<ol style="list-style-type: none"> 1. Show ingress and egress. 2. Location of the mobile vending unit on the property. 3. Location of existing structures on the property. 4. Location of garbage and recycling container for customers. 5. Number of parking stalls occupied by vehicle; include pedestrian lines/waiting areas.
<input type="checkbox"/>	<input type="checkbox"/>	A photograph of the mobile vending unit, proposed signs, and any equipment
<input type="checkbox"/>	<input type="checkbox"/>	King County Department of Public Health Approval for mobile vendors that sell food or beverages.

_____ Date _____

Signature of Owner:

_____ Date _____

Signature of Applicant (if different than owner)

To BE COMPLETED BY STAFF

1) The mobile vending activity will not be detrimental to the public health, safety, and general welfare.

Yes No (explanatory narrative attached)

2) The mobile vendor will not adversely affect adjacent properties.

Yes No (explanatory narrative attached)

3) The mobile vendor can be adequately served by public facilities and street capacities without placing an undue burden on such facilities and streets.

Yes No (explanatory narrative attached)

4) The application is compliant with all relevant city codes and policies and the supplemental checklist.

Yes No (explanatory narrative attached)

5) The proposed property(s) or site(s) for the mobile vendor's operations are of sufficient size to accommodate the mobile vendor.

Yes No (explanatory narrative attached)

6) Conditions of Approval

Yes No Conditions Attached: Yes No

In accordance with FWRC 19.290.080, this application is hereby:

Approved Denied

Community Development Director

Date

Permit approval is permanent until and unless the City receives notification that there has been a renewal or change requested to the vendor's business; FWRC [19.290.080\(5\)](#).