



# City of Bay Minette

## Mobile Unit - Property Owner Permission Form

301 D'Olive Street · Bay Minette, Alabama 36507

Phone (251) 580-1650 · COBM\_Planning@ci.bay-minette.al.us

Food truck     Merchandise

Mobile Vending Unit Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Permission:     Vending location on site     Customer parking location

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Days of Week Allowed to Operate:  Monday     Tuesday     Wednesday     Thursday     Friday  
 Saturday     Sunday

Time(s) allowed (am-pm): \_\_\_\_\_

I/We hereby authorize \_\_\_\_\_ ("Mobile Vending Unit") to be located and operate on my property described as tax Parcel/PPIN# \_\_\_\_\_. I/We understand that the scope of the agency designation granted herein is general in nature and includes, without limitation, all decision-making authority relating to submittals, status, conditions, or withdrawal of this application/permit. To the fullest extent permitted under Alabama law, I/we release and agree to hold the City of Bay Minette harmless from and against any liability resulting from acts or omissions of our Agent. I/We further certify that the information stated on and submitted with this application/permit is true and correct. I also understand that the submittal of incorrect information will result in the revocation of this application/permit and any work performed will be at the risk of the applicant. I understand further that any changes which vary from the approved plans will result in the requirement of a new application/permit.

*\*NOTE: All correspondence will be sent to the Mobile Vending Unit Agent. It will be the Agent's responsibility to keep the owner(s) adequately informed as to the status of the application. Section 9.8.4.2 – A copy of all permits and permissions shall remain on the vehicle at all times and must be made available for inspection upon request of any city official at any time during the operation of the mobile vending unit.*

### PROPERTY and/or BUSINESS OWNER

\_\_\_\_\_  
Name/Title - Printed

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Internal Use Only

Case No. LU- \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_