



TOWN OF  
**HILLSBOROUGH**

## APPLICATION

### Mobile Food Vendor Permit

PO Box 429, Hillsborough, NC 27278 | [www.hillsboroughnc.gov](http://www.hillsboroughnc.gov)

Planning and Economic Development Division  
101 E. Orange St. | 919-732-1270

Financial Services Department  
105 E. Corbin St. | 919-296-9450

Mobile food vendors, including pushcart and food truck operators, are required to have town and Orange County Health Department operating permits. The town permits a specific number of food trucks within its limits. Permits are issued on a first-come, first-served basis until all available permits have been issued.

#### Instructions

1. Complete this application and collect property owner consent statements.
2. Take this completed form and the property owner consent statement(s) to the Planning and Economic Development Division for review. The form will be returned to you when the review is complete.
3. Submit the completed application and the completed review from the Planning and Economic Development Division to the Financial Services Department.

#### Vendor Information

Vendor Name: \_\_\_\_\_

Make and Model of Unit: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

#### Owner/Operator Contact Information

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

#### *Operator Contact Information If Different from Owner*

Operator's Name: \_\_\_\_\_

Operator's Address: \_\_\_\_\_

Operator's Phone: \_\_\_\_\_ Operator's Email: \_\_\_\_\_

#### Operational Information

Type of Operation:  Street Vending Unit (Food Truck)  Sidewalk Vending Unit (Pushcart)

Hours of Operation: \_\_\_\_\_

*(Cannot exceed 8 a.m. to 9 p.m. and nine consecutive hours)*

Days of Operation: \_\_\_\_\_

Location(s): \_\_\_\_\_

*(Attach owner's approval for each location)*

#### Planning Verification

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Operational Conditions**

Condition	Initials
1. Vendor must have a current permit from a county health department in North Carolina <b>(Attach Copy)</b> <i>(Does not apply to ice cream vendors)</i>	_____
2. Mobile vending units shall be located at least 10 feet away from the nearest building. A mobile vending unit may be located closer than 10 feet to a building if the location has been approved in advance by the Orange County Fire Marshal.	_____
3. Vendors shall only serve walk-up customers, not customers in a motor vehicle.	_____
4. Vendors shall not broadcast music or loud advertisements.	_____
5. Vendors shall not provide customer seating.	_____
6. No signage is allowed except signage affixed to the mobile vending unit identifying the vendors and menu/price information.	_____
7. Vendor must display the Town of Hillsborough permit in a prominent location on the unit.	_____
8. Only one vendor may locate on any parcel at one time.	_____

**Planning Verification**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

9. Vendors must provide for adequate waste collection from their customers and remove waste from the site daily without using public waste receptacles.	_____
10. Vendors must operate in a safe, sanitary and non-offensive manner. Complaints of unsafe conditions, excessive waste or noise (from patrons or machinery) or other disruptive conditions to neighboring owners or occupants will be investigated and may be cause for revoked or denied permits.	_____

**Planning Verification**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature**

*I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, Orange County and State of North Carolina as may be applicable to my request. In addition, I certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. I understand that this permit is valid for one year only and must be renewed annually.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner Consent**

The property owner must indicate consent below for use of the owner’s property by a mobile food vendor.

*I authorize \_\_\_\_\_ to locate on my property at \_\_\_\_\_ and to operate at the following times: \_\_\_\_\_.*

**Property owner:**

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review — Planning and Economic Development Division**

**Planning and Economic Development Checklist**

Zoning                       Owner Name                       Only Vendor at Location   
Hours of Operation                       Potential Conflicts or Nuisances

**Other Reviews Needed**

Police                                       Public Works                                       Other

**Mobile Food Unit Permit Status**

Approved                                       Approved with Conditions                                       Denied

**Reviewed by:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review — Financial Services Department**

\$50 Fee Collected                                       Receipt Number: \_\_\_\_\_

Date Permit Picked Up: \_\_\_\_\_

**Permit Issued by:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_