

**CITY OF LEITCHFIELD**  
**MOBILE FOOD VENDOR SPECIAL PERMIT APPLICATION**

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

**OWNER/OPERATOR'S CONTACT INFORMATION**

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Owner's Phone: \_\_\_\_\_

**OPERATIONAL INFORMATION**

PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTATION:

- \_\_\_\_ VALID BUSINESS LICENSE
- \_\_\_\_ PHOTOGRAPH OF ALL MOBILE VENDING VEHICLES
- \_\_\_\_ COPY OF THE KENTUCKY STATEWIDE MOBILE FOOD UNIT PERMIT OR STATEWIDE RETAIL FOOD UNIT PERMIT ISSUED TO APPLICANT
- \_\_\_\_ PROOF OF A CURRENT INSURANCE POLICY INSURING THE PERMITTEE/PROPERTY OWNER AND THE CITY OF LEITCHFIELD, FROM ALL CLAIMS FOR DAMAGES TO PROPERTY AND BODILY INJURY, WHICH MAY ARISE FROM THE OPERATIONS UNDER OR IN CONNECTION WITH THE PERMIT WITH LIMITS OF LIABILITY OF AT LEAST \$100,000.00 PER PERSON PER OCCURRENCE FOR BODILY INJURY AND \$25,000.00 PER OCCURRENCE FOR PROPERTY DAMAGE.

As a condition of receiving a permit and in addition to providing the insurance hereinabove described, the permittee shall agree to hold the City harmless from any and all claims and indemnify the City for the costs of attorney fees in defending any such claims.

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

(Cannot exceed 14 consecutive days at one location)

Location(s) (attach property owner's approval for each location): \_\_\_\_\_

DESCRIBE ALL FOODS AND BEVERAGES TO BE SOLD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORM MUST BE COMPLETELY FILLED OUT BEFORE IT WILL BE ACCEPTED**

In reference to ordinance # 2016-11, the permit fee for ALL MOBILE FOOD VENDOR Vehicles is \$5.00 each, which is to be remitted with this application. An annual net profit return will be mailed in December of each year for your business to file with the City of Leitchfield. **If you have employees, there is a 1.2% withholding requirement on gross wages earned in the City of Leitchfield.** Quarterly payroll returns are mailed the last month of each calendar quarter. **There is a 3% restaurant tax. The restaurant tax return is due on or before the end of each month for the previous month.**

The City of Leitchfield must be notified in writing of any changes in the nature of the business, ownership, or management, address or termination of business.

By my Signature below, I clarify that the information provided herein is true and accurate to the best of my knowledge. **Further, I understand that obtaining a Mobile Food Vendor permit does not guarantee my right to do business at the location indicated. I hereby affirm that I will determine and comply with all permit requirements of the Zoning Regulations for the City of Leitchfield.**

Remit to : City of Leitchfield Attn: City Clerk P.O. Box 398, Leitchfield, KY 42755-0398

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of City Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Planning and Zoning Administrator

\_\_\_\_\_  
Date