



LICENSE APPLICATION FOR – **MOBILE FOOD VENDOR VEHICLE (MFV)**  
MUNICIPAL CODE SECTION – **4-45 (SEE ALSO 4-46)**

DEFINITIONS:

**Mobile Food Vendor Vehicle** means a licensed motorized vehicle that is enclosed, self-contained and serves food items to the general public. Food items may be prepared, cooked, and assembled in the vehicle or may have been prepared, wrapped or packaged in a licensed food establishment.

**Mobile Food Vendor Vehicle Sales** means 80% of all revenues must come from food and beverages.

IF DESCRIPTION DOES NOT APPLY, SEE

Food Vending Vehicle (§4-25)

GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire March 1st for MFV names beginning with letters A-M; Licenses expire April 1st for MFV names beginning with letters N-Z.
5. Add 10% to license fee for renewal after expiration date.
6. Include \$5.00 license application fee payable to City of South Bend.
7. License fee payable to City of South Bend due at issuance - \$525.00 for 1-year, \$200.00 for 90-days, \$130.00 for 30-days, \$50.00 for 1-day.

REQUIRED INFORMATION AND MATERIALS:

1. Health Permit pursuant to inspection and approval by County Health Officer.
2. Commissary health permit.
3. St. Joseph County Health Department Plan and Review Application for new facilities.
4. Fire Department Inspection as required by City Controller.
5. Valid certificate needs to be signed by the Department of Weights and Measures if food is to be sold by weight or measure.
6. Certificate of liability insurance with the City of South Bend listed as the certificate holder.
7. If operating on private property include a letter of permission from the property owner.

APPLICATION PROCESS:

1. Review Municipal Code Sections 4-45 & 4-46 thoroughly.
2. Submit Application with \$5.00 Processing Fee.
3. Inspection and approval by the County Health Officer, as evidenced by a valid Health Permit
4. Inspections by the Fire Department.
5. Applicants desiring to sell food by weight or measure shall file a valid certificate signed by the Department of Weights and Measures that all scales and measures to be used in said business have been tested and approved, at the time of making application.
6. License will be issued upon approval and payment of license fee.

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I. APPLICATION TYPE Check One: **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

II. BUSINESS DATA

A. Business Name: \_\_\_\_\_

B. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: \_\_\_\_\_

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. Commissary Name: \_\_\_\_\_

H. Commissary Address: \_\_\_\_\_

I. Does the commissary have a valid Food Service Permit: Yes \_\_\_\_\_ No \_\_\_\_\_

J. Does 80% of all revenues come from food and beverage sales: Yes \_\_\_\_\_ No \_\_\_\_\_

K. Number of employees: \_\_\_\_\_

L. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

M. Vehicle License Number and Issuing State: \_\_\_\_\_

N. Vehicle Identification Number (VIN): \_\_\_\_\_

O. Driver's License Number and Issuing State: \_\_\_\_\_

P. Name of Vehicle: \_\_\_\_\_

Q. Do you plan to park in the Central Business and Entertainment Area(CBEA): Yes \_\_\_\_\_ No \_\_\_\_\_

R. Will you be vending from private property: Yes \_\_\_\_\_ No \_\_\_\_\_

**For Office Use Only**

Application Filed \_\_\_\_\_ Fire Dept. Approval \_\_\_\_\_

Application Fee Paid \_\_\_\_\_ Health Dept. Approval \_\_\_\_\_

Sent to Dept. \_\_\_\_\_ License Fee Paid \_\_\_\_\_

Building Dept. Approval \_\_\_\_\_ License Number \_\_\_\_\_

GIS Identifier \_\_\_\_\_ MFV Decal Number \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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III. PERSONAL DATA

- A. Applicant's Legal Name: \_\_\_\_\_
- B. Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cell Phone Number: \_\_\_\_\_
- E. Position with Business: \_\_\_\_\_
- F. E-Mail Address: \_\_\_\_\_

IV. GENERAL QUESTIONS

- A. Will food be sold by weight or measure?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach a certificate from the Department of Weights and Measures.
- B. What type of license are you applying for? 1-day \_\_\_ 30-day \_\_\_ 90-day \_\_\_ Annual \_\_\_
- C. If participating in an event, what are the event dates? \_\_\_\_\_

V. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VI. INCLUDE A CERTIFICATE OF LIABILITY INSURANCE

VII. INCLUDE A COPY OF THE ST. JOSEPH COUNTY FOOD SERVICE PERMIT

VIII. INCLUDE A COPY OF THE COMMISSARY FOOD SERVICE PERMIT

IX. INCLUDE A LETTER OF PERMISSION FROM THE PROPERTY OWNER IF OPERATING ON PRIVATE PROPERTY

X. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the required regulations for the Mobile Food Vendor License found in the City of South Bend Municipal Code, Sections 4-45 and 4-46.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date