

STAFF USE ONLY
Business License Number:
<input type="checkbox"/> Mobile Vendor
<input type="checkbox"/> Mobile Food Vendor
<input type="checkbox"/> City of Globe Special Event*
*Special Event Application Supplement Required



City of Globe Licensing Department
 150 N. Pine Street Globe, AZ 85501
 Phone: (928) 425-7146 Fax: (928) 425-4820

Mobile Vendor/Mobile Food Vendor Business Permit Application

Name of Mobile Vending Operation:	Business Phone:	Today's Date:
Location/Address of Mobile Vending Operation:	City, State, Zip:	

Who owns the mobile vending operation? (If a corporation, partnership, or LLC, list company name.)			
Who is the manager of the business?			
Name:	Phone Number:	Driver's License:	
		#:	
Mailing Address:		State:	
Who is the designated agent of the business? (This person will receive notices from the City.)			
Name:	Phone Number:	Driver's License:	
		#:	
Mailing Address:		State:	
Previous Business Name, Location, or Owner?			
Business Type (check one):		Privilege Tax License Number:	Federal ID/EIN #:
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation		
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other (specify):	
<i>If the business is a corporation, partnership, or LLC, applicant information must be provided for all shareholders, partners, or members.</i>			
Briefly describe services or items to be sold:		Business will sell:	
		<input type="checkbox"/> Food	
		<input type="checkbox"/> Non-food items	
		<i>A copy of a current Gila County Health Department Permit must be submitted with this application if food is served/sold.</i>	

Will a motor vehicle be used in connection with the mobile vending operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide the following information:			
Vehicle Year:	Make:	Model:	Color:
License Plate Number/State:		<i>A copy of a current Arizona vehicle registration must be submitted with this application.</i>	



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Applicant Information: (for corporation, partnership, LLC, attach additional sheets as needed)

Full Name:		Other names used in the past 5 years (including maiden name):	Contact Phone Number:
			Message Phone Number:
Current Residence Address:		City, State, Zip:	
Mailing Address for City Notices (if different):		City, State, Zip:	
Other addresses used in the past 3 years (include dates):			
<i>Proof of age must be submitted with this application. Acceptable proof includes driver's license or current photo identification document issued by a government agency.</i>			
Type of I.D.:	I.D. Number:	State:	Expiration Date:
Have you ever had a mobile vendor license revoked or suspended?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when and where?	
Please list all felony and misdemeanor convictions (including minor traffic offenses) in the past 5 years (if none, please write "NONE" and initial.)			
Please list all notices or citations you have received for violations of either the Zoning Ordinance or the Mobile Vending Ordinance in the past 5 years (if none, please write "NONE" and initial.)			

Applicant Signature: _____ **Title (if applicable):** _____ **Date:** _____

Mobile Vending Site Information *A notarized permission form must be submitted with this application. See the attached form for use.*

Who is the owner of the site where the mobile vending operation is located?		Phone:
Name:	Mailing Address:	
Will the mobile vending unit require a water or power hook-up at the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you prepared a site plan (diagram) with submittal? Please see the attached example with requirements. <i>If yes, the property owner must obtain a permit and inspection from the Building Safety Department prior to operation. A copy of the permit/inspection must be made available with the mobile vending unit.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Mobile Vendor License Application – This page is only required for additional applicants.

Business Name: _____ **License Number:** _____

Additional Applicant Information: (if more than one applicant):

Full Name:		Other names used in the past 5 years (including maiden name):	Contact Phone Number:
			Message Phone Number:
Current Residence Address:		City, State, Zip:	
Mailing Address for City Notices (if different):		City, State, Zip:	Email Address:
Other addresses used in the past 3 years (include dates):			
<i>Proof of age must be submitted with this application. Acceptable proof includes driver's license or current photo identification document issued by a government agency.</i>			
Type of I.D.:	I.D. Number:	State:	Expiration Date:
Have you ever had a mobile vendor license revoked or suspended?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when and where?	
Please list all felony and misdemeanor convictions (including minor traffic offenses) in the past 5 years (if none, please write "NONE" and initial.)			
Please list all notices or citations you have received for violations of either the Zoning Ordinance or the Mobile Vending Ordinance in the past 5 years (if none, please write "NONE" and initial.)			

Applicant Signature: _____ **Title (if applicable):** _____ **Date:** _____

Private Property Mobile Vending Notarized Permission Form

I (printed full name of owner or authorized agent), _____, certify that (printed full name of vendor) _____ is authorized to operate a *mobile vending operation*, as that term is defined by the City of Globe, at the following (check one and complete):

Address: _____, OR

site identified by Gila County parcel Number: _____

for the time period from ____/____/____ (month/day/year)

through ____/____/____ (month/day/year),

for the following purpose (describe authorized use): _____

I am the (check one): property owner, authorized agent of the property owner.

If I am the authorized agent, I further certify that I am authorized to complete and execute this document on behalf of the owner of the property identified herein, and that my address and telephone number are as follows:

that I understand that this document will form part of an application submitted to the City of Globe by the vendor named herein, that this document is a public record, and that the falsification of this document may be a crime punishable as a Class 6 felony.

 Signature of Owner or Authorized Agent

STATE OF ARIZONA)
) ss.
 County of Gila)

SUBSCRIBED AND SWORN TO before me this ___ day of _____, 20____, by _____
 (Name of owner/authorized agent)

 Notary Public

I (name of vendor), _____ certify that to the best of my knowledge this document is complete and accurate, I acknowledge that the submission of this document if known to be false is a crime, punishable as a Class 6 felony.

 Signature of Vendor

STATE OF ARIZONA)
) ss.
 County of Gila)

SUBSCRIBED AND SWORN TO before me this ___ day of _____, 20____, by _____
 (Name of Vendor)

 Notary Public

Mobile Vending

Mobile Vending Site Plan Requirements

Please include all of the following items on your plot plan:

1. Size and location of vending unit and canopy's (if applies).
2. 10 feet setbacks on all sides of vending units from buildings/structures and other vending units.
3. Location of existing building on lot (if any).
4. Dustproofed (improved surfaces only) parking and maneuvering area.
5. Visibility triangle at driveway and on any corner lot.
6. Markings that show the side setbacks from the vending unit
7. Markings that show the vending unit is 20 feet from the right-of-way (street or sidewalk).
8. Identify parking spaces required for existing use or business on the site. This must meet the minimum requirements determined by the City of Globe Zoning Ordinance.
9. Identify the three required parking spaces for mobile vendor use. **These spaces are in addition to all other required parking spaces for any existing uses.** If the spaces are not on the same site, they must meet requirements of the city of Globe Zoning Ordinance and the applicant must submit an additional plot plan for the parking location.

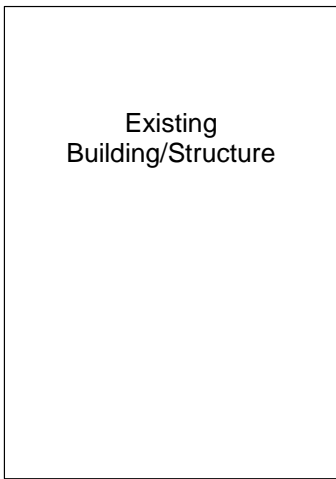
Mobile Vendor-Sample Plot Plan

This is a sample only. Your diagram must look like your site/setup. The size of the building, parking area, vending unit, and other items shown below are example only.

Zoning District: _____

APN#: _____

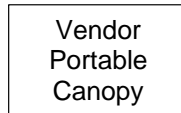
Address: _____



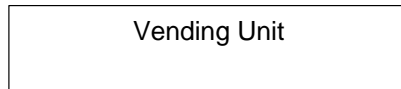
Existing Required Parking Area-Show the number of parking spots

Show Parking Area for Mobile Vendor, include number of spots.

10' X 10'

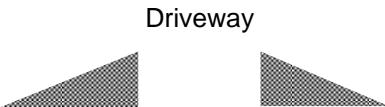


8'X12'



← 20' →

20'



Street Name

Indicate Street Name