STAFF USE ONLY
Business License Number:
Mobile Vendor
Mobile Food Vendor
☐ City of Globe Special Event*
*Special Event Application Supplement Required



Mobile Food Vendor 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: Gity, State, Zip:	Mobile Vendor			City of G	Globe Licensing Department	
**Special Event Application Supplement Required Mobile Vendor/Mobile Food Vendor Business Permit Application Name of Mobile Vending Operation: Business Phone: Today's Date:	_					
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Name of Mobile Vending Operation: 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: #: Walling Address: Who is the designated agent of the business? (This person will receive notices from the City.) Name: Phone Number: Driver's License: #: Walling Address: State: Walling Address: Previous Business Name, Location, or Owner? Business Type (check one): Privilege Tax License Number: Other (specify): If the business is a corporation, partnership, or LLC, applicant information must be provided for all shareholders, partners, or members. Briefly describe services or items to be sold: Will a motor vehicle be used in connection with the mobile vending operation? Will a motor vehicle be used in connection with the mobile vending operation? Will a motor vehicle be used in connection with the mobile vending operation? Will a motor vehicle be used in connection with the mobile vending operation? We hold: A copy of a current Arizona vehicle registration must be License Plate Number/State: A copy of a current Arizona vehicle registration must be		-				
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Name: Phone Number: #: 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: Mailing Address: Previous Business Name, Location, or Owner? Business Type (check one): Privilege Tax License Number: Federal ID/EIN #: Individual Corporation Partnership LLC Other (specify): ##	WITO OWITS THE ITTODITE VEL	iding operation:	(II a COI	poration, partnership, or LLC,	ist company name.)	
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Previous Business Name, Location, or Owner? Business Type (check one):	Mailing Address:				State:	
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	LICENSE FIALE INCHIDELY STATE.					



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Applicant Information	: (for corporation,	<u>, pa</u> rtn	ership, LLC, attach add	ditional sheets as needed)	
Full Name:			names used in the	Contact Phone Number:	
		past 5	years (including		
		maide	en name):	Message Phone Number:	
Current Residence Addre	ess:	City, S	City, State, Zip:		
Mailing Address for City Notices (if different):		City, State, Zip:			
		<u>. </u>			
Other addresses used in	the past 3 years (in	clude d	ates):		
Proof of age must be submitte document issued by a governr		Acceptab	le proof includes driver's licen	se or current photo identification	
Type of I.D.:	I.D. Number:		State:	Expiration Date:	
Have you ever had a mo	bile vendor license r	revoked	or suspended?	·	
Yes	No		If yes, when and where	2?	
Please list all felony and	misdemeanor convi	ctions (including minor traffic o	ffenses) in the past 5 years	
(if none, please write "N	ONE" and initial.)		-		
Please list all notices or o	citations you have re	eceived	for violations of either t	he Zoning Ordinance or	
the Mobile Vending Ordi	inance in the past 5	years (i	f none, please write "NO	ONE" and initial.)	
		· ·			
Applicant Signature:	Title (if a	pplicab	le): Date:	:	
	•	• •	•		
Mahila Vanding Sita Ir	oformation 4 material		::	didle delle emplimation	
Mobile Vending Site Information A notarized permission form <u>must</u> be submitted with this application. See the attached form for use.					
Who is the owner of the		hile ven	ding operation is located	d? Phone:	
Name:	. Site where the mor	one ven	Mailing Address:	a. Thoric.	
Nume.			Widning Madress.		
			1		
Will the mobile vending			•	Yes No	
Have you prepared a site plan (diagram) with submittal? Please see the			☐ Yes ☐ No		
attached example with requirements. If yes, the property owner must obtain a permit					
and inspection from the Building Safety Department prior to operation. A copy of the					
nermit/inspection must be made available with the mobile vending unit					



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Business Name:		License Nu	License Number:	
	nformation: (if mo	re than one applicant):	Control Discontinuity	
Full Name:		Other names used in the past 5 years (including maiden	Contact Phone Number:	
		name):	Message Phone Number:	
		namej.	Wessage Friorie Number.	
Current Residence Addre	ss:	City, State, Zip:		
Mailing Address for City I	Notices (if	City, State, Zip:	Email Address:	
different):				
Other addresses used in	the past 2 years (inc	Judo datos).		
Other addresses used in	the past 3 years (inc	ilude dates):		
		Acceptable proof includes driver's licens	e or current photo identification	
document issued by a governm		Ta	1	
Type of I.D.:	I.D. Number:	State:	Expiration Date:	
Have you ever had a mob	 	evoked or suspended?		
Yes	No	If yes, when and where	۵?	
	ii yes, when and where:			
Please list all felony and r	nisdemeanor convid	ctions (including minor traffic of	fenses) 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 Vendor License Application – <u>This page is only required for additional applicants.</u>

Private Property Mobile Vending Notarized Permission Form

I (printed full name of owner or authorized ager	nt),, certify that (printed
	is authorized to operate a mobile vending operation,
as that term is defined by the City of Globe, at the fo	llowing (check one and complete):
() Address:	, OR
() site identified by Gila County parce	el Number:
for the time period from/	/ (month/day/year)
	(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	t 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:
	an application submitted to the City of Globe by the vendor and that the falsification of this document may be a crime
punishable as a Class 6 felony.	and that the faishication of this document may be a chine
parisonable de d'élace e leieny.	
CTATE OF ADIZONA)	Signature of Owner or Authorized Agent
STATE OF ARIZONA)) ss.	
County of Gila)	
SUBSCRIBED AND SWORN TO before me this	•
,20, by(Name of	owner/authorized agent)
(Hamo of	ownon, authorized agonty
	Notary Public
I (name of vendor),	certify that to the best of my knowledge this
document is complete and accurate, I acknowledge t crime, punishable as a Class 6 felony.	that the submission of this document if known to be false is a
	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).
- 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.

Street Name

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 Dis	strict:		
APN#:			
Address: _			
	Existing Building/Structure		Existing Required Parking Area-Show the number of parking spots
		10' X 10'	
ots.		Vendor	
Aobile of sp		Portable Canopy	
for N			
Area de nu		8'X12'	
arking incluc		Vending Unit	← 20' →
Show Parking Area for Mobile Vendor, include number of spots.		20'	
	Driveway		
		↓	