



PERMIT # _____
DATE ISSUED _____

APPLICATION FOR THE OPERATION OF FOOD TRUCKS & PUSH CARTS

In order to receive a permit for food trucks & push carts, the owner or agent requesting the permit must agree to the conditions set in Chapter 29 of the Wilson Code. A copy of chapter 29 is attached and should be completely reviewed.

Applicant:

Name: _____

Business Name: _____

Home Address: _____

Business Address: _____

City: _____

State: _____ Zip Code: _____

Telephone No.

(Residential) _____ - _____

(Business) _____ - _____

(Mobile) _____ - _____

Email: _____

Note: It is advisable to consult a City Planner to determine if the proposed operation of food truck or push cart complies with zoning regulations.

Type of permit needed:

Temporary/Special Event Permit

Annual Permit

What is your Activity? (Be specific): _____

DEVELOPMENT SERVICES

Land Development ■ Neighborhood Improvement ■ Construction Standards ■ Geographic Information Systems
112 Goldsboro Street East ■ PO Box 10 ■ Wilson NC 27894-0010 ■ 252.399.2219 or 252.399.2220 ■ FAX 252.399.2233

What types of food or beverages will be served? Hot and cold beverages (nonalcoholic, served in cans or Styrofoam or plastic cups) please list:

_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the proposed location(s)? _____

Who is the owner of the site? _____

What are the hours of operation? _____

Total number of carts proposed to be used by the vendor: _____

What is the location for the storage of the food truck/push cart? _____

INDEMNITY AGREEMENT

For good and valuable consideration, the undersigned owner, vendor, and /or employees of the owner agree to indemnify and hold harmless the City of Wilson and its officers, agents, employees and taxpayers, from and against any and all claims arising out of the operation of the vending business.

Signed this _____ day of _____.

Printed Name

Signature

DEVELOPMENT SERVICES

Land Development ■ Neighborhood Improvement ■ Construction Standards ■ Geographic Information Systems
112 Goldsboro Street East ■ PO Box 10 ■ Wilson NC 27894-0010 ■ 252.399.2219 or 252.399.2220 ■ FAX 252.399.2233

Check list for Applicant

- A photograph of the cart, truck and or trailer.
- Two (2) prints of a full-face photograph.
- Certificate of inspection or compliance required by Wilson County Health Dept. This is required even if you have a state permit.
- A copy of a current service tag or proof of purchase for fire extinguisher.
- Proof of insurance (\$100,000 per person bodily injury,\$300.000 per occurrence bodily injury and \$25,000 per occurrence property damage.
- Aerial photo from City of Wilson Zoning for location approval.
- A copy of Authorization from private property owner if applicable.

DEVELOPMENT SERVICES

Land Development ■ Neighborhood Improvement ■ Construction Standards ■ Geographic Information Systems
112 Goldsboro Street East ■ PO Box 10 ■ Wilson NC 27894-0010 ■ 252.399.2219 or 252.399.2220 ■ FAX 252.399.2233