



FOOD TRUCK PERMIT # _____

DATE FILED: _____

**CITY OF WILLIAMSBURG
FOOD TRUCK OPERATION
APPLICATION**

Williamsburg Planning Department
401 Lafayette Street
Williamsburg, VA 23185-3617
(757) 220-6130
planning@williamsburgva.gov

Applicant's Information

Applicant's Name: _____

Food Truck Business Name: _____

Mailing Address: _____

Phone No.: _____ Email: _____

Name of Food Truck Owner: _____

Mailing Address: _____

Phone No.: _____ Email: _____

Food Truck is Principally Garaged at: _____

We have read understand the requirements set forth in §21-622 of the City of Williamsburg's Zoning Ordinance as it pertains to the operational requirements of a food truck business.

Applicant's Signature: _____ Owner's Signature: _____

Proposed Truck Location:

LOCATION 1:

Property Owner's Name: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____ Email: _____

Required Information

- Copy of a valid Williamsburg business license. This license shall be posted in the vehicle at all times.
- Copy of a valid health permit from the Virginia Department of Health stating that the food truck meets all applicable standards. A valid health permit must be maintained for the duration of the permit.
- Names and addresses of all food truck personnel and copies of current food handler’s permits issued to such personnel:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

- Copy of an approved inspection from the Williamsburg Fire Department stating that the food truck meets the requirements of the Virginia Statewide Fire Prevention Code and all applicable standards. *The food truck must be re-inspected on an annual basis.*
- Copies of valid driver’s license for each person who will drive the food truck.
- Current registration for the food truck, proof of current motor vehicle inspection, and proof of valid motor vehicle insurance for the food truck.
- Copy of written agreement with property owner(s) where food truck will be operated.

If there is more than one proposed location, please complete the following information for each location:

LOCATION 2:

Property Owner’s Name: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____ Email: _____

LOCATION 3:

Property Owner’s Name: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____ Email: _____

LOCATION 4:

Property Owner's Name: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____

Email: _____

LOCATION 5:

Property Owner's Name: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____

Email: _____