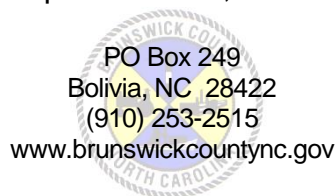


Brunswick County Operation Services Department

Stephanie Lewis, Director

Construction & Grounds
Building & Park Maintenance
Custodial Services



Solid Waste & Recycling
Mosquito & Water Management
Service Center

APPLICATION FOR FOOD TRUCKS TO OPERATE AT BRUNSWICK COUNTY GOVERNMENT CENTER

You must submit a completed application within two weeks of operating during the days set for traffic court.

PLEASE COMPLETE THE FOLLOWING INFORMATION REQUESTED BELOW:

NAME OF APPLICANT: _____

ADDRESS: _____

HOME PHONE: _____ CELLPHONE: _____

NAME OF CONCESSION: _____

DATES OF OPERATION: _____
(Please note that food trucks are only approved to operate on traffic court dates) See attached schedule

ARRIVAL TIME ON THE DATES OF OPERATION: _____

Requirements:

Due to space limitations, food trucks may not exceed 50 feet in length. Food trucks must be set up with the serving area facing the sidewalk.

Vendors are required to serve between 11:00 a.m. and 2:00 p.m. Provide arrival time to ensure staff is available to control traffic while parking the food truck.

A copy of the food service establishment operation permit and a copy of the latest sanitation inspection must be submitted with this application. Sanitation scores of all food trucks requesting to set up on Brunswick County Complex property must have an "A" rating.

Only 3 food trucks may be set up at one time. **No power or water supplies will be available on site, units must supply their own water and power.**

Please note that only food trucks are approved to set up on Brunswick County Government Center property. The NC Rules Governing Food Protection and Sanitation of Food Establishments defines a "mobile food unit" as a food establishment or pushcart designed to be readily moved and vend food."

I hereby certify that the information provided within this application is correct and I fully understand any discrepancy in this application may void this approval. I also understand that the local health department may visit the unit to insure compliance of your operation.

Applicant Signature _____ Date: _____

