



# City of Springfield

## Permit Application for Mobile Food Service Vehicle

405 North Main Street • Springfield, TN 37172 • 615-382-2200

NOTE: This application must be filled out completely. Application for a permit does not guarantee that a permit will be granted. Application approval is based upon compliance of the Mobile Food Service Vehicle (MFSV) with state and local health requirements and City of Springfield ordinances governing MFSV operation.

Business Name		
MFSV Name		
MFSV Owner	Owner Phone	
Owner Street Address		
City, State, Zip	Owner Email	
MFSV Operator	Operator Phone	
TN Department of Health License Number		
Applicant's Driver License Number	State	
Type of Vehicle: <input type="checkbox"/> Truck <input type="checkbox"/> Other (specify): _____		
Vehicle Make	Model	Year
Vehicle Weight ( <i>CDL required if weight exceeds 26,000 lbs.</i> )	Vehicle License Plate Number	State
MFSV Owner/Operator has read and understands the MFSV Ordinance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MFSV use a deep fryer or flat top griddle for food preparation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will propane be used on the MFSV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the MFSV equipped with a Spill Kit as described in the ordinance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Applicable Fee:**

- Mobile Food Service Vehicle Permit - \$250**
- Renewal Application - (application must be made within 5 business days of expiration) - \$250**
- If this is a Renewal Application, please check here if changes have been made to the MFSV since its last inspection by the City of Springfield.



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### Required Documents Checklist

*Additional documents or information may be required by the City of Springfield.*

Copy of TN Department of Health Inspection Report (Minimum 70% or better)	<input type="checkbox"/>
Copy of driver license of owner and operator	<input type="checkbox"/>
Vehicle license and registration form reflecting the vehicle identification number (VIN) of the Mobile Food Service Vehicle.	<input type="checkbox"/>
Permit fee payable to the City of Springfield	<input type="checkbox"/>
Certificate of Insurance Coverage	<input type="checkbox"/>
Color Photos of Vehicle (inside, front, side, and back)	<input type="checkbox"/>
Notarized, written permission statement from property owner(s) including a 24-hour contact number of the property owner(s) for each location the food truck intends to operate.	<input type="checkbox"/>
Notarized, written permission statement of the property owner(s) that permits employees to have access to a flushable restroom no more than 450 feet from the vending location during all the hours of operation.	<input type="checkbox"/>

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**A Mobile Food Service Vehicle CANNOT operate in the City of Springfield unless the MFSV has a valid Mobile Food Service Permit issued by the City and complies with all applicable laws and regulations.**

I certify that all information in this application and the required documents are accurate to the best of my knowledge. I agree to comply with the City of Springfield regulations regarding MFSVs. I understand that I am required to notify the City if any changes are made to the information included in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant