

# Village of Saranac

27 North Bridge Saranac MI 48881  
Phone: 616-642-6324 Fax: 616-642-0472

## Food Truck Permit Application – Page 1

This application must be completed in full and approved by the Zoning Administrator of the Village of Saranac before any food truck or food trailer sets up at an approved site. The fee is \$\_\_\_\_\_

Fee paid \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

### Applicant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Property Owner Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Food Truck Owner Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Proposed Food Truck Vehicle Type:

Describe food truck or trailer type and what kind of food it is serving:

\_\_\_\_\_

Vehicle VIN #: \_\_\_\_\_ Year: \_\_\_\_\_ Make and Model:

\_\_\_\_\_

Dimensions of truck or trailer: \_\_\_\_\_

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**Location, Date and Time:**

Area proposed to park for the operation (address, parcel number if vacant lot, street or parking lot):

\_\_\_\_\_

\_\_\_\_\_

Proposed dates and hours: \_\_\_\_\_

**Required Attachments:**

- \_\_\_\_\_ Site Plan of location
- \_\_\_\_\_ Land Owner authorization statement
- \_\_\_\_\_ Insurance Policy (minimum coverage of \$1,000,000.00, see ordinance for details)
- \_\_\_\_\_ Plans for power access, water supply, waste disposal and wastewater disposal
- \_\_\_\_\_ Copies of license and permits issued by the Ionia County Health Dept or State of Michigan
- \_\_\_\_\_ A signed statement that the permit holder shall hold harmless the Village, its employees, officers and agents and shall indemnify the Village, its employees and officer and agents.
- \_\_\_\_\_ A copy of the applicant's State issued Michigan sales tax license.

**Zoning District:** (circle) LDR MDR-1 MDR-2 HDR MHP NS OSP CBD IND I/S C-PUD R-PUD

**Please read the Food Truck Ordinance #112 (or as amended) for all requirements.**

**Affidavit**

I certify and affirm that I am the property owner or the owner's authorized agent and that I agree to conform to applicable Zoning and Food Truck laws of the Village of Saranac and give authorization for this application. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this proposed location.

Sign below as applicable:

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Land Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Food Truck Permit Application - Page 3

### Site Plan

Use the space below to draw a site plan showing the proposed location of the food truck.

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### Zoning Administrator Use

Received Date \_\_\_\_\_

Application Approved \_\_\_\_\_

Notes/Conditions \_\_\_\_\_

Application Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_