

City of Decatur, Planning & Development Department  
402 Lee Street NE, 4<sup>th</sup> Floor  
Decatur, AL 35601  
(256)341-4720 / [planning@decatur-al.gov](mailto:planning@decatur-al.gov)



## Applicant Information

Unit Name/Business Name: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_ Applicant Address: \_\_\_\_\_

Business License Number (City of Decatur): \_\_\_\_\_  
*(Attach a copy)*

Insurance Certificate: \_\_\_\_\_  
*(Attach any copies)*

Licenses/Permits: \_\_\_\_\_  
*(Attach any copies)*

Commissary Name: \_\_\_\_\_ Commissary Location: \_\_\_\_\_

Commissary owner Signature: \_\_\_\_\_

Unit Owner Signature: \_\_\_\_\_

## Mobile Food Vending Unit Information:

Description of Unit (Vehicle, Trailer, Etc.): \_\_\_\_\_

Make/Model/Year: \_\_\_\_\_ License Plate Number (if applicable): \_\_\_\_\_

Unit Type: \_\_\_\_\_  
*(e.g., Food Truck, Trailer, Cart, etc.)*

Unit Dimensions (Length x Width x Height): \_\_\_\_\_

Power Source (Generator, Electric, Etc.): \_\_\_\_\_

Power Requirements (Volts/Amps): \_\_\_\_\_ Water Requirements (if any): \_\_\_\_\_

Menu/Cuisine Type: \_\_\_\_\_

Fire Suppression System (if applicable): \_\_\_\_\_  
*(Attach current inspection/test records)*

Pressurized Fuel System (if applicable): \_\_\_\_\_  
*(Attach compliance documentation)*

Health Department Permit/Authorization: \_\_\_\_\_  
(Attach a copy)

**Location Information (Select One): (Public, Private, or Special)**

*\*Please check which category of location(s) you plan to conduct going forward most.*

**Public/Semi-Public Property (Sec. 25-197(1)):** (\*Parks & Events)

Location Preferences (City/Region/Address): \_\_\_\_\_

Property Owner/Site coordinator Name: \_\_\_\_\_

Property Owner/Site coordinator Email: \_\_\_\_\_

Property Owner/Site coordinator Number: \_\_\_\_\_

City Park (Parks & Recreation Approval Required)

Public Space Usage Area (Police Approval Required)

Temporary Closed Public Right of Way (Special Events City Clerks & Revenue Required)

- Special Event Name & Date: \_\_\_\_\_
- Signed & Approved Temporary Street Closure Permit: \_\_\_\_\_  
(Attached Signed Copy)

**Private Property (Sec. 25-197(2)):** (\*Private Businesses/Properties)

**Property Owner Contact & Planned Schedule:**

*(\*Must have property owner send approval to Planning Department for each location you set up on going forward)*

Property/Business Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property/Business Address: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_  
(If different from Owner Property Address)

Proposed Operating Hours: \_\_\_\_\_

Proposed Operating Schedule: \_\_\_\_\_  
(Weekly, Monthly, Yearly, Etc.)

**Property Owner Signature:** \_\_\_\_\_  
(Attach Copy of Signed Permission if Applicable)

**Special Mobile Food Vending Area (Sec. 25-197(3)):** (Three approved locations for mobile food vending units to set up on – Maps Attached Below)

Designated Area Location & Address: \_\_\_\_\_

Proposed Operating Hours: \_\_\_\_\_

Proposed Operating Schedule: \_\_\_\_\_  
(Weekly, Monthly, Yearly, Etc.)

**SMFVA 1:** Corner of Church Street NE & Canal Street NE

**SMFVA 2:** 1<sup>st</sup> Ave NE – West of the Alabama Center of the Arts Parking Lot

**SMFVA 3:** 201 1<sup>st</sup> Ave SE – Decatur Morgan Farmer Market

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## **Agreements, Conditions, and Confirmations:**

**Each of the below Agreements, Conditions, & Confirmations must be read & agreed upon by you, the applicant by initialing each box.**

\_\_\_\_\_ **X:** By submitting this application, you acknowledge that you have read and agreed to all of this sections Agreements, Conditions, and Confirmations.

\_\_\_\_\_ **X:** You are responsible for obtaining any and all necessary permits or licenses required for operating your mobile food vending unit at the expressed property and within Decatur City limits.

\_\_\_\_\_ **X:** You agree to adhere to the property owner's rules and regulations as well as the City of Decatur's.

\_\_\_\_\_ **X:** You agree to leave the property in the same condition as it was found.

\_\_\_\_\_ **X:** You agree to abide by all of Decatur City's Ordinances and Regulations.

\_\_\_\_\_ **X:** You understand that the City of Decatur Planning Department acts as a facilitator and is not responsible for any disputes between the mobile food vending units and the property owner.

\_\_\_\_\_ **X:** Applicant agrees that the mobile food vending unit will maintain a minimum of 100 feet from any and all existing restaurants, cafes, delis, or cafeterias.

\_\_\_\_\_ **X:** Applicant agrees that the mobile food vending unit will operate within the hours of 6:00 AM to 12:00 AM.

\_\_\_\_\_ **X:** Applicant agrees that the mobile food vending unit will be removed nightly unless part of an approved multi-day special event with approved security.

\_\_\_\_\_ **X:** Applicant agrees that the mobile food vending unit will provide adequate toilet facilities if operating for 2+ hours.

- X: Applicant agrees that the mobile food vending unit will not be located in required setbacks or parking areas or, impede building entrances or exits – (SMFVA Locations Except).
- X: Applicant agrees that the mobile food vending unit will provide a trash receptacle and maintain a clean area.
- X: Applicant agrees that the mobile food vending unit will provide adequate shielded lighting during non-daylight hours.
- X: Applicant agrees that the mobile food vending unit signage will be limited to attach signage only.
- X: Applicant agrees that the mobile food vending unit will comply with sound control ordinances (Sec. 16-9.1).
- X: Applicant agrees that all food preparation will be conducted inside the primary mobile food vending unit.
- X: Applicant agrees that the mobile food vending unit has had a fire inspection by the Decatur Fire Marshall.
- X: Applicant agrees that, if operating from a street parking space, all vending activities from the mobile food unit must be conducted from the side facing the curb.

**Attachments Needed Alongside this Application:**

- Morgan County Health Department Certificate
- Annual Fire Inspection Certificate from the City of Decatur Fire Marshall
- Fire Suppression System Inspection/Test Records (if applicable)
- Pressurized Fuel System Compliance Documentation (if applicable)
- Written Permission from Property Owner (if applicable)

**Applicant Signature:** \_\_\_\_\_

**Unit Owner Signature:** \_\_\_\_\_

*Please return this completed application to the City Planner via email at [Planning@decatur-al.gov](mailto:Planning@decatur-al.gov) or the Planning Department of Decatur, Alabama at 402 Lee Street NE, Decatur, Alabama, 35601.*

**-Office Use Only-**

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

Planning Approval: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Notes: \_\_\_\_\_

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