



Mobile Food Vendor Pilot Program

City of Puyallup
Development Services
333 S. Meridian
Puyallup, WA 98371
Phone: 253-864-4165
www.cityofpuyallup.org

When preparing this application, please print or type the reply to each question. If you have any questions, please contact the Development Services Department at (253) 864-4165. The following plans, specifications and other documents pertaining to the application shall be submitted at the time of filing. Please note that incomplete application packets cannot be accepted.

Note: This permit is required for all mobile food vendors operating under the requirements of the City of Puyallup Mobile Food Vendor Pilot Program, in effect from April 2019 through October 15, 2019.

Submittal Checklist

- Application is signed and dated
- 1 Copy of completed application
- 1 Copy of completed site plan drawn on second page
- 1 Copy of Tacoma-Pierce County Health Department letter of approval
- 1 Copy of mobile vendor proof of insurance
- 1 Copy of inspection tags for mobile food truck's hood suppression system
- 1 Copy of commissary kitchen letter of approval
- 1 Copy of spill response plan

Checked In By :

Staff Initials: _____

Date: _____

Rev: 04/19

APPLICATION INFORMATION

Applicant Information

Name		
Street Address		
City	State	Zip
Phone	E-mail	

Business Information

Business Name
Business License #
Operator's Driver's License State / #
Mobile Food Vendor License Plate State / #
Social Media/Website
Commissary Address

Owner Information – If located on private property

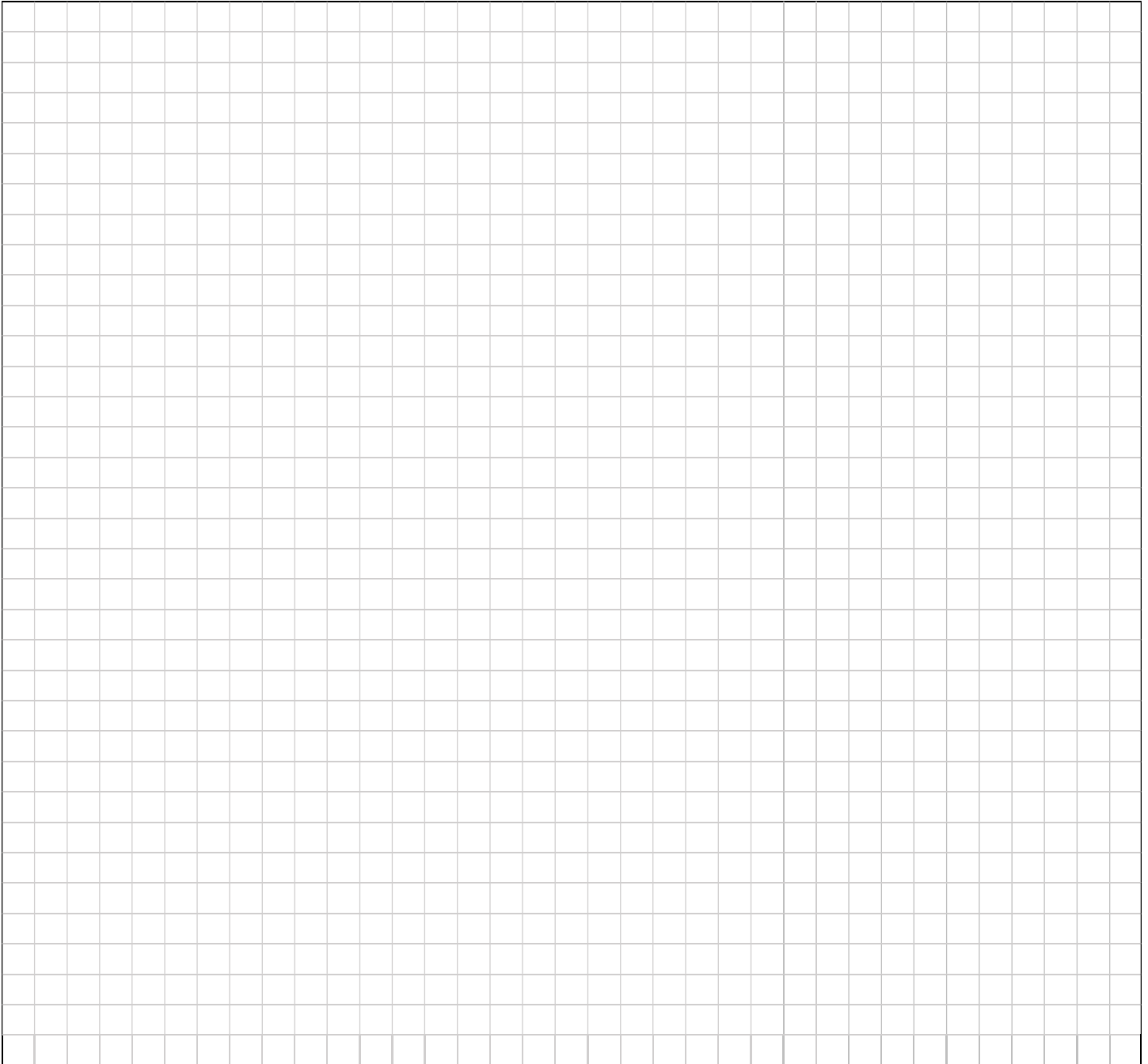
Name		
Street Address		
City	State	Zip
Phone	E-mail	

SITE INFORMATION

Required if located on private property; submit one site plan for each location.

Please use the space below to provide a sketch of a site plan, including the following elements:

- Boundaries of the property and any nearby streets
- The location of the mobile unit, and side where food is being sold/served
- Location of signs, if any
- The distance in feet between any structure or sign and any other structure, sign, property line, street right-of-way, gasoline pump, oil storage tank or flammable liquid storage area
- Driveways into and out of the site
- Please note any impact to existing parking spaces and access to the site (both vehicular and pedestrian)
- North arrow

A large rectangular area filled with a fine grid of small squares, intended for drawing a site plan. The grid is approximately 35 units wide and 35 units high.

(35x35)

SUPPLEMENTAL QUESTIONS

1. Do you have any of the following?			
Electrical devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Food Preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drapes, curtains or decorations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flammable materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Open flame devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dumpster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compressed gas cylinders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire extinguisher (required) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical motors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extension cords? (minimum 14 gauge)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Power taps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Mobile unit location: Check all that apply			
<input type="checkbox"/> Private property, one location <input type="checkbox"/> Private property, various sites <input type="checkbox"/> City property (AOB or Cornforth-Campbell) <input type="checkbox"/> City right-of-way			
3. What are the mobile unit hours of operation?			
4. I understand the mobile unit must return to the commissary kitchen daily. No washing of food preparation equipment will occur using the property owner's facilities.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Provide a description of the daily route of the mobile unit. Include where the unit is stored overnight, when the cart is taken to the commissary kitchen and any other stops or pickups along the way.			
6. Provide the following information about the Commissary Kitchen.			
Owner			
Business Name			
Address			
City	State	Zip Code	
Number of mobile food trucks using this kitchen as a commissary			
Name of other mobile food trucks using this commissary			
Does this commissary have an approved grease interceptor?			

7. How and where will the wastewater tank be emptied?		
8. How will you display the menu? (Check all that apply.)		
<input type="checkbox"/> Sandwich board	<input type="checkbox"/> Paper menu	<input type="checkbox"/> Menu display
<input type="checkbox"/> Other (please describe):		
9. I understand that all mobile vendors are responsible for providing garbage/recycling receptacles for customer use.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. I understand that at the conclusion of business activities at a given location the mobile vendor shall clean all the public ways surrounding his or her vehicle of all debris, trash and litter generated by the vendor's business activities.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. The mobile unit is equipped with a fire extinguisher with a minimum UL classification of 2A-40-BC (and additional fire suppression systems if necessary).		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. I have included a letter from the Tacoma-Pierce County Health Department, certifying that the motor vehicle vending business has complied with health department regulations, as required.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Have you provided a site plan?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Have you provided proof of insurance?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATION

I hereby state that I am the applicant listed above, and certify that all information contained above and in exhibits attached hereto is true and correct to the best of my knowledge and belief and is submitted for consideration by the City of Puyallup, pursuant to the provision of the Puyallup Municipal Code. It is understood that the processing of this application may require additional supporting evidence, data or statements.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____
(or authorized agent)

Spill Prevention and Cleanup Plan

Sample Document: *The intent of this document is to provide a guideline for developing the written portion of a spill prevention plan. This document is to be used as a template only and businesses must provide facility specific information. Please post the completed plan at appropriate locations at your facility.*

Company Name: _____
 Address: _____
 Phone Number: _____

Describe primary facility activities: _____

List types of chemicals used at facility:

	Contact Names	Contact Phone Numbers
Owner / Manager		
Onsite Spill Cleanup Coordinator(s)		
Agencies to contact in the event of a spill	<ul style="list-style-type: none"> • City of Puyallup Public Works Spill Hotline • City of Puyallup Water Pollution Control Plant • WA State Dept. of Ecology- Spill line • WA State Dept. Of Ecology SW Regional office • National Response Center 	(253) 770-3336 (253) 864-4166 (800) 645-7911 (360) 407-6300 (800) 424-8802

Provide a small facility map that includes the following information:

- Location of spill kits
- Chemical storage areas
- Waste storage area
- Location of catch basins on the facility property

Provide a short description of emergency cleanup and disposal procedures:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

EMERGENCY INFORMATION FOR SPILL RESPONSE

Business Name: _____

Site Address: _____

Phone Number: _____

Date Prepared: _____

On-site Emergency Contact Name: _____

Phone: _____

Alternate Contact Name: _____

Phone: _____

Emergency Response Contacts:

Fire/Paramedic/Police:	911	All emergencies
Central Pierce Fire & Rescue (non-emergency):	(253) 538-6400	For information on fire safety regulations
Department of Ecology- SW regional office	(360) 407-6300	For a spill that could reach surface, ground water or storm drain
Department of Ecology- Spill line:	(800) 645-7911	For a spill that could reach surface, ground water or storm drain
City of Puyallup Public Works- Spill Hotline:	(253) 770-3336	For a spill that flows into a public drainage system
City of Puyallup Water Pollution Control Plant- Source Control:	(253) 864- 4166	For a spill that flows into sanitary sewer
Puget Sound Clean Air Agency:	(206) 343-8800	For air quality regulations and reporting
National Response Center	(800) 424-8802	For reporting of major spills

Local Emergency Medical Facility: Good Samaritan Hospital
401 15th Ave SE
Puyallup, WA 98372
(253) 697-4000

Location of Material Safety Data Sheets: _____

Spill Control Equipment is Located: _____

Fire Extinguisher is Located: _____

Hazardous Materials Management Plan is Located: _____

SPILL RESPONSE PROCEDURES

Business Name: _____

Site Address: _____

Phone Number: _____

Date Prepared: _____

NOTIFICATION	
<input type="checkbox"/>	Refer to “Emergency Information for Spill Response” for contact names and numbers
<input type="checkbox"/>	Alert manager/owner of spill.
<input type="checkbox"/>	Immediately alert area occupants and supervisor, and evacuate the area if necessary.
<input type="checkbox"/>	Call 911 Emergency if there is a fire, medical attention is needed, or hazardous material enters the sanitary sewer system.
<input type="checkbox"/>	If you are trained, knowledgeable and equipped to handle the incident, evaluate next steps.
<input type="checkbox"/>	If spill gets into storm drain or other water body, contact the Department of Ecology and the City of Puyallup (listed on “Emergency Information for Spill Response”). Larger spills require additional notification.
SPILL CONTAINMENT	
<input type="checkbox"/>	Obtain personal protective equipment, as appropriate to the hazards. Refer to the Material Safety Data Sheet (MSDS) or other references for information.
<input type="checkbox"/>	Stop source of spill (upright container, plug leak, etc).
<input type="checkbox"/>	Seal off storm drain with berms or drain cover and stop spread of the spill.
<input type="checkbox"/>	Protect floor drains from spill. Spill socks and absorbents may be placed around drains.
<input type="checkbox"/>	Use pads and/or granular sorbent (i.e. kitty litter) to clean up spilled material.
<input type="checkbox"/>	Let pads sit on spill to absorb spilled material.
SPILL & CLEAN UP MATERIAL DISPOSAL	
<input type="checkbox"/>	Spill control materials should be distributed over the entire spill area, working from the outside, circling to the inside. This reduces the chance of splash or spread of the spilled chemical.
<input type="checkbox"/>	When spilled materials have been absorbed, place pads and sorbent materials in a leak-proof container such as a polyethylene bag or bucket. Label those containers as appropriate.
<input type="checkbox"/>	Dispose of waste materials properly. Spill cleanup materials containing hazardous waste is also considered hazardous waste and should be picked up by a hazardous waste disposal contractor.
<input type="checkbox"/>	Call a spill cleanup contractor if cleanup and disposal cannot be accomplished by staff.