

MOBILE FOOD SERVICES OPERATIONS EVENTS (MOFSE) "Round Up" (Ordinance 11-32)

OFFICE USE ONLY

CU Process Number _____ Fees Paid \$ _____

Application Date _____

EVENT COORDINATOR NAME	TELEPHONE	EMAIL
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ADDRESS _____

PROPERTY OWNER NAME	ZONING DISTRICT
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SITE ADDRESS _____

FOLIO NO. <i>(Begins with 30-)</i>	EXISTING USE OF PROPERTY
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CHECKLIST OF ATTACHMENTS *(Please attach additional documents as necessary)*

<input type="checkbox"/> 1. Narrative (Attach a description of event, hours of operation, estimated public attendance, special dates, etc.) <input type="checkbox"/> 2. Hours of operation: _____ <input type="checkbox"/> 3. Schedule of events: <input type="checkbox"/> Weekly <input type="checkbox"/> Weekends <input type="checkbox"/> Weekday Holiday Events (maximum of 4 per year) <input type="checkbox"/> 4. Estimated public attendance: _____ <input type="checkbox"/> 5. Amenities provided: (stage, booths, tables, chairs, etc.) <input type="checkbox"/> 6. Will tents be erected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, short-term permit number _____ <input type="checkbox"/> 7. Notarized letter from owner included in package <input type="checkbox"/> 8. Waiver of objection (attached) (Requires 80% approval from owners or residents of residentially zoned properties within 1,000 ft.) <input type="checkbox"/> 9. Miami-Dade Police Department letter (attached) (See also attached information required by the Police Department)	<input type="checkbox"/> 10. Site plan indicating, at a minimum, the following site features: A) Placement of food trucks B) Garbage facilities C) Portable toilets (Attach the letter from Florida Department of Health) D) On and off site parking E) Lighting installations F) Street rights-of-way, internal circulation, ingress/egress points and emergency access G) Pedestrian route to off-site parking, if applicable <input type="checkbox"/> 11. Maximum total mobile food trucks: _____
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Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued. I further understand that a Certificate of Occupancy (CO) is a prerequisite to obtaining a Certificate of Use.

PROPERTY OWNER NAME	SIGNATURE
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EVENT COORDINATOR NAME	SIGNATURE
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This application must be completed and submitted online via our website or in-person to the Zoning Permits Section located at: 11805 SW 26 Street, Suite 106, Miami, FL 33175 • Phone: 786-315-2660
rer-cuinfo@miamidade.gov • www.miamidade.gov/building