



# Letter of Authorization to Use Private Property

I hereby certify that I am the owner/lessee of \_\_\_\_\_ (property address) and I am authorized to permit \_\_\_\_\_ (name of mobile food dispensing vendor), its employees, or agents to locate a mobile food dispensing vehicle at the above address in the City of Marianna, Florida exclusively for the purpose of sale of food and no other items for the period of \_\_\_\_\_ (beginning date) to \_\_\_\_\_ (end date).

The parking lot where mobile vendor will place the vendor's mobile vending unit is a part of a:

Strip shopping center: \_\_\_\_\_  
Freestanding business: \_\_\_\_\_, or  
Other (please describe) \_\_\_\_\_.

I understand that by granting the above named mobile food dispensing vendor permission to locate at this address, I must allow the employees and patrons of the mobile food dispensing vendor to utilize the restroom facilities located at this address.

I certify that I have access to parking spaces for occupancy by the mobile food dispensing vendor or the mobile vendor will not occupy required parking spaces.

I understand that no more than one (1) mobile vendor is allowed on a lot or parcel EXCEPT when associated with a special event. A mobile vendor is not allowed on a vacant lot.

I understand that mobile food dispensing vehicles must meet all applicable building code requirements, health code requirements and zoning ordinance requirements.

I understand that mobile food dispensing vehicles may not operate stationary in a single location for more than five (5) consecutive days; more than eight (8) hours/day. All vending units must be removed from the point of sale each day and may not remain parked at the point of sale overnight.

I understand that no mobile food dispensing vehicles operating under this regulation shall be allowed to sell or serve food on any public street, sidewalk, or other public right-of-way.

I understand this letter of authorization is valid for up to one (1) year and expires annually on September 30<sup>th</sup>.

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Printed Name

**\*\* Please complete this form in its entirety prior to signing and notarizing or document will not be accepted \*\***

STATE OF FLORIDA  
COUNTY OF JACKSON

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_