www.lexingtonva.gov

Planning and Development Department
300 East Washington Street
Lexington, VA 24450
Phone: (540)462-3704 Fax: (540)463-5310

MOBILE RESTAURANT PERMIT APPLICATION

Applicant[1]

Name: _____   Phone: _____

Address: _____   Email: _____

Mobile Restaurant Name: _____

Applicant's Signature: _____   Date: _____

Pursuant to §420-11.3 of the Code of the City of Lexington:

- A Mobile Restaurant may operate on either public property or private commercially zoned property with written permission of the owner.
- A Mobile Restaurant may operate at any farmer's market held on public or private property, if the food truck vendor is legally parked at the farmer's market and has received written permission from the farmer's market manager and displays such written permission upon request.
- A Mobile Restaurant permit may be revoked by the Zoning Administrator at any time, due to the failure of the property owner or operator of the Mobile Restaurant permit to observe all requirements for the operation of mobile restaurants. Notice of revocation shall be made in writing to address of record for Mobile Restaurant permit holder. Any person aggrieved by such notice may appeal the revocation to the Board of Zoning Appeals.
- Additional Mobile Restaurant standards are included in the City of Lexington Mobile Restaurants Fact Sheet which can be found at https://www.lexingtonva.gov/government/departments/planning-and-development

NOTE:
1. Prior to submitting an application, the applicant is required to meet with staff for a pre-application meeting.
2. Any application deemed incomplete by staff will not be accepted
3. Submit completed applications to the Planning and Development Department in City Hall.
4. The annual renewal inspection fee is $75 and it is nonrefundable. Renewal inspections must be completed at least three business days prior to annual business license renewal.

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Registration Number: MOB-_____-_____

Application Fee: $75** (and yearly renewal inspection fee)

Amount Paid: _____

Date Received: _____   Received By: _____

Staff Review

Planning: _____   Date: _____

Fire Marshal: _____   Date: _____

**All fees non-refundable