

Procedure for submitting.

CERTIFICATE OF USE (CU) for FOOD TRUCKS

All permit inspections for which a permit has been issued by the City's Building and Zoning Department shall be completed and final prior to an application for the Certificate of Use being issued. In the event any property/location trying to obtain a certificate of use has open permits, building violations or existing construction that no record exists in the City of Sweetwater or Miami Dade County, the applicant [business owner is responsible for assuring that before applying or obtaining a certificate o fuse the property/location come into compliance with all applicable codes.

STEP 1 Certificate of Use Application,

When it's required

Prior to opening any business in the City of Sweetwater, a Certificate of Use (also called a C.U. or zoning permit) must be obtained.

Certificate of Use is also required for anyone establishing a food truck business in accordance with **City Ordinance 4939**. All C.IJ.'s shall be renewed yearly on or before the first of October of each year. Additionally, any business requires a Local Business Tax Receipt (LBTR). If the business moves, expands, change ownership, name, or business activity a new CU shall be applied for.

Why it is required. The Certificate of Use assures that the business is allowed in the zoning district where it is located.

How to apply Download and fill out this form, scan, and email as a PDF attachment to:

CUSUBMITTALS@ CITYOFSWEETWATER.FL.GOV

What you need to send: The following information is required when applying:

- Completed application for the Certificate of Use signed by the listed property owner/corporate agents and notarized.
- Proof of license (WDV) and business insurance.
- Copy of the lease and/or sublease.
- Notarize letter of approval from property owner/ association approving the use and including any restrictions.
- Site plan / location sketch showing location of proposed food truck.
- Notarize statement from the food truck vendor stating the number of tables and chairs to be used.
- Color photograph of the mobile truck.
- Current CU and LBTR for the location that the food truck will be located. A nonrefundable fee of \$150.00 shall be submitted with the CU application. The attached credit card authorization form can be used.

Submittal Procedure

A nonrefundable fee of \$150.00 for Food truck CU is to be paid at the time the application is submitted to the department. After application acceptance, the Zoning officer will review the use and after approval, the issued Certificate of Use will be sent to the applicant by email. The applicant will also need to apply for a LBTR with the City after receiving the CU.

The LBTR is Step #2 of this application package. Both applications can be submitted simultaneously.

Inspection procedure No inspections for Food trucks Certificate of Use are required.



FOOD TRUCK REGULATIONS

ALL FOOD TRUCKS SHALL COMPLY WITH THE REGULATIONS UNDER CITY ORDINANCE 4939 1. ZONING DISTRICT RESTRICTIONS

Mobile truck operations are permissible only in the following zoning districts and only north of State Rd 836.

- Commercial districts (C-1, C-2, C-3).
- Industrial district (I-1, I-2).
- Dolphin Community Urban Center (DCUC).

2. SITE RESTRICTIONS

Food trucks **<u>shall not</u>** be located:

- On public right of way
- In driveway aisles, no parking zones, loading areas or parking lanes, nor may they impede the on-site circulation of motor vehicles.
- Within 2,000 feet from residential district.
- Within 20 feet of a crosswalk and/or 15 feet from any fire hydrant or storm drainage structure.
- Within 500-foot radius of a food service establishment and / or 1,000-foot radius from another mobile food truck on another property.
- No more than two food trucks shall operate on the same property.
- On a property beyond the hours of operations described below.

Food trucks shall be located:

- On improved property
- Vacant, unimproved property only when approved as a conditional use by the City Commission.

• On the permissible zoning district only. However, food trucks are permitted on any zoning district within

the City as part of a permitted special event approved by the City of Sweetwater in accordance with Chapter 56.

3. HOURS OF OPERATIONS

- 7:00 a.m. and 11:00 p.m. Sunday through Thursday.
- 7:00 a.m. and 1:00 a.m. Thursday through Saturday.

4. SALE OF ALCOHOLIC BEVERAGES

The sale or serving of alcoholic beverages is prohibited.

5. MUSIC OR SOUND

The use of any sound amplification is prohibited regardless of the intended use.

6. SIGNAGE

- Temporary signs, banners, or other prohibited attention-getting devices in or alongside the public right of way or within the property are prohibited.
- Signs must be permanently affixed or painted on the food truck.
- An A-frame menu board up to 9 square feet is permitted to be placed by the food truck operation and vending area.



City of Sweetwater Building and Zoning Department FOOD TRUCK APPLICATION (Ordinance 4939)

OFFICE USE ONLY

CU Process Number	Application Date	Fees Paid \$			
COMPANY NAME AND FOOD TRUCK NAME	TELEPHONE				
ADDRESS	EMAIL				
PROPERTY OWNER NAME	TELEPHONE				
SITE ADDRESS	ZONING DISTRICT				
FOLIO NO					
	ease attach additional documents as r	necessary)			
1.Narrative (Attach a description, hours of operation,	10. Site plan indicating, at a	minimum, the following site features:			
estimated public attendance, etc.)	A) Placement of food trucks				
2.Hours of operation:	B) Garbage facilities				
3.Schedule : Weekly Weekends	C) On site parking location				
4.Number of tables and chairs Tables Chairs	D) Lighting installation (if ar	D) Lighting installation (if any)			
5.Notarize letter from property owner 6.Proof of License (MFDV)	E) Street rights-of-way, internal circulation, ingress/egress points and emergency access.				
7.Copy of Lease 8 Number of mobile food trucks:	11. Current CU and LBTR for l	ocation where food truck will be stationed			
9. Proof of Insurance for food truck.					
Further, under the penalty of perjury, I, being first duly sworr stated herein are accurate and true, including any boxes ch penalties of perjury, and acknowledge that the City of Swe issued pursuant to any application that contains any materia of the uses after the permit is revoked, canceled, voided, o understand the conditions under which my Certificate of Use once issued.	ecked. I further acknowledge that this eetwater reserves the right to revoke, Ily false or fraudulent statements, and a or suspended, may subject me to enfo	application and affidavit is subject to cancel, void, or suspend, any permit acknowledge that continued operation preement penalties allowed by law. I			
PROPERTY OWNER / ASSOCIATION NAME	COMPANY / FOOD TRUCK NAME OWNNER				
SIGNATURE	SIGNATURE				
Notary asto property owner/association STATEOFFLORIDA COUNTY OF Sworn to and subscribed before me thisdayof20 byorID		Y OF			
NotarySignature	by	Personally knownorID			
тона улянана с	NotarySignature				
Seal	Seal				



City of Sweetwater

Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172

Phone (305) 485-4526

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

 $3\,\%$ surcharge will be applied to each transaction made.

Please complete the informati	on below:				
I	au	thorize City of Sw	eetwater ⁻	to charge my credit ca	ard
(Full name)					
account indicated below for		on or after		This payment	
1. f	(Amount)		(Date)		
is for	(Description of goo	ds/service)			•
Billing Address					
Phone #	Email				
Cardholder Name:					
Credit Card Number: _					
Expiration Date:		CVV2:			
Account Type: Visa	Master Card	American exp	oress	Discovery	
Signature		Da	ate		

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated only, and is valid for one time use only. I certify that I am an authorized use for this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



STEP 2 Apply for a Local Business Tax Receipt.

A LBTR is required for any business such as home office, multifamily residential development (rental of lease), commercial and industrial development and food trucks.

All LBTR's shall be renewed yearly on or before the first of October of each year. If the business moves, expand, change ownership, name, or business activity a new LBTR shall be applied for.

Why it is required.

The Local Business Tax Receipt assures that the business is licensed to operate in a designated location.

How to apply Download and fill out this form, scan, and email as a PDF attachment to:

LBTRSUBMITTALS@CITYOFSWEETWATER.FL.GOV

What you need to send:

The following information is required when applying:

- Completed application for the Local Business Tax Receipt signed by the listed corporate agents
- Copy of the Articles of Corporation/ Fictitious name registration.
- Copy of the officer/ Owner's Driver License
- Copy of the State of Florida License.



BUSINESS TAX RECEIPT APPLICATION

NOTICE

This does not supersede any State or County Licenses that are required. ANY LICENSE OBTAINED UNDER THE PROVISIONS OF THE CITY OF SWEETWATER LICENSE ORDINANCE UPON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE DEEMED NULL AND VOID AND THE LICENSEE WHO HAS THEREAFTER ENGAGED IN ANY BUSINESS UNDER SUCH LICENSE SHALL BE SUBJECT TO PROSECUTION FOR DOING BUSINESS WITHOUT A LICENSE, TO THE SAME EFFECT AND DEGREE AS THOUGH SUCH LICENSE HAD EVER BEEN ISSUED.

Name of Applicant (Own	er/Officer)		Home	e Phone Number	•
Sweetwater Business Add	dress		City	State	Zip Code
Name of Corporation and	l/or Name of Busin	ess	Fed	eral Employer I.	D.
Business Mailing Addres	S			Business Phon	e Number
E-Mail					
Signature of Applicant			Da	ite	
If Corporation, give name	of officers:				
in conportation, give manie	01 011100101				
N					
President name Secretary name			Vice-President nar Treasurer name	ne	
President name Secretary name			Vice-President nar Treasurer name	ne	
Secretary name			Treasurer name	me	
Secretary name			Treasurer name	ne	
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President name Secretary name TYPE OF BUSINESS: Business start date: Description of location o Apartment Bldg		– Retail	Treasurer name	 Wholesa 	ale
Secretary name FYPE OF BUSINESS: Business start date: Description of location O Apartment Bldg O Medical Office		– Retail Restaurant	Treasurer name	 Wholesa 	
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STATE OF FLORIDA LICENSE (IF REQUIRED)

Restrictions: