



City of Homer

www.cityofhomer-ak.gov

Planning
491 East Pioneer Avenue
Homer, Alaska 99603

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(p) 907-235-3106
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Mobile Food Service Application

Applicant Information

Applicant Name: _____

Business Name: _____

Phone #(s): _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mobile Food Unit Information

License #: _____ VIN/Registration #: _____

Type of Unit (Vehicle, Wagon, Trailer, Facility, etc.): _____

Describe the mobile food service being provided, any additional activities to be conducted, location(s) of operations:

Required Documentation & Fees – The following items must be submitted with the application:

- Copy of a valid Food Establishment Permit issued by ADEC, Division of Environmental Health.
- Sales Tax Compliance Certification Form verifying the applicant is in compliance with all KPB sales tax provisions.
- Check here if you are requesting permission to operate within a public right-of-way or on City property. If so, include a Certificate of Insurance with this application, in accordance with HCC 8.11.035(10). *Applicant is required to provide written notice to the Planning Department no less than thirty days of any cancellation, expiration, or substantial change in policy conditions and coverage.*
- Mobile Food Service Fee as set by the City of Homer Fee Schedule. **Permits are valid for the term of January 1st until December 31st of each year.** Fee is \$50.00 per calendar year.

Acknowledgement of Applicant: *I certify that the above information and statements are true, correct, and complete. I further acknowledge that the City of Homer has specific rules related to operating a mobile food service within City limits under Homer City Code Chapter 8.11, and it is my responsibility to review and abide by these regulations.*

Applicant's Signature: _____ Date: _____

For Office Use Only

Submission Date: _____ Received By: _____ Permit No: _____

Documents/Fees Received: Copy of Valid ADEC Food Establishment Permit Sales Tax Compliance Certification
 Certificate of Insurance Mobile Food Service Permit Fee *GL: 100-0015-4304*

Application: Approved – Copy Distributed to Applicant Approved by: _____
 Denied: _____
 Revoked: _____