



**Town of Selma**  
Planning & Economic Development  
114 N. Raiford St.  
Selma, NC 27576  
P: 919-965-9841  
F: 919-965-4637  
www.selma-nc.com

## Zoning Permit Application - Mobile Food Vendor

*Pursuant to Section 17-548 of the Selma Unified Development Code, all mobile food vendors shall comply with the regulations of this section except vendors associated with Temporary Events. Mobile food vendors associated with temporary events shall be consistent with Article IV, Part 4 of this chapter. Permits are not to exceed 180 days.*

**Fees are due at the time of application submittal and are non-refundable**

### Permit Type and Fee

☐ Mobile Food Vendor – 6 Month (\$100) ☐ Mobile Food Vendor - Single Use (\$50)

### APPLICANT INFORMATION

*An Owner's Consent Form is required if applicant is not the property owner.*

Food Vendor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property Owner (if different than applicant):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### STAFF USE

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Permit #: \_\_\_\_\_

## SITE INFORMATION

Write "N/A" if not applicable. If unsure of the correct information, site data (i.e. zoning districts and overlay districts) may be found on the Johnston County GIS website or by speaking with the Selma Planning staff.

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Johnston County Tag#: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Detailed Description of Request:

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## REQUIRED INFORMATION

*The following items must accompany a Zoning Permit application (if not applicable, check "n/a"). Incomplete applications will not be reviewed until all materials have been provided.*

Item	Yes
1. Permit Review Fee	
2. Completed and signed application	
3. Owner's Consent Form <i>Required if applicant is not the property owner.</i>	
4. Verification of state issued photo identification of the applicant.	
5. A copy of the most recent inspection from the Environmental Health Department.	
6. A copy of Johnston County vending permit.	
7. A copy of NC Sales and Use Certificate.	
8. Demonstrated means for grease disposal.	

## APPLICANT AFFIDAVIT

*I, the undersigned, to hereby make application and petition to the Planning Department of the Town of Selma to approve the subject Temporary Sign Permit. I hereby certify that all activities will be carried out in compliance with the Unified Development Code and understand that violations will result in a Code Enforcement action and fine. I further certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material, and all attachments become official records of the Town of Selma and will not be returned.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## AGENT AUTHORIZATION / OWNER'S CONSENT FORM

Pursuant to Section 17-602 of the Town of Selma Unified Development Ordinance, written authorization is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. All fields must be completed.

### AGENT/APPLICANT INFORMATION:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

I hereby give CONSENT to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me, or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

### OWNER AUTHORIZATION:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(City, State, Zip)