

FOOD VENDOR PERMIT CHECK OFF LIST

Miami-Dade Aviation Department
 Landside Operations Division
 P.O. Box 025504
 Miami, Florida 33102-5504

E-mail: groundtransportationpermits@miami-airport.com

Voice: 305 876-7702, 305 876-7469, 305 876-8494

Fax: 305 876-7212

NEW _____ RENEWAL _____

PERMIT NUMBER _____

ITEM:	CHECK-OFF	NOTES:
SIGNED ORIGINAL APPLICATION		Completely filled out including email address. (please type or print clearly)
ANNUAL FEE \$360.00 PER VEHICLE (PRORATED)		Check, money order or credit card are accepted (No Cash)
GENERAL LIABILITY MINIMUM \$300,000.00		Please refer to insurance sample provided. (originals only)
AUTOMOBILE LIABILITY MINIMUM REQUIRED: \$100,000.00 BODILY INJURY (per person) \$300,000.00 BODILY INJURY (per accident) \$ 50,000.00 PROPERTY DAMAGE (per accident)		Miami-Dade Aviation Department must be named as the certificate holder on the insurance policy with a 30 days written notice of cancellation. (only original certificates accepted)
COPY OF CURRENT LOCAL BUSINESS TAX RECEIPT		
MOBILE FOOD VENDOR LICENSE ISSUED BY THE STATE OF FLORIDA		
COPY OF CURRENT VEHICLE REGISTRATION(S)		

- Food Vendor permit fee is prorated based upon the number of months remaining in the annual permit.
- Permits expire each year on December 31st. 01
- For detailed information and other requirements, please refer to the Food Vendor rules and regulations.

Please make checks or money orders payable to: MIAMI-DADE AVIATION DEPARTMENT.

If you require additional information, please feel free to contact our office at the numbers listed above.

M.I.A. MOBILE FOOD TRUCK VENDOR APPLICATION

(Please print and complete in ink)

_____ is hereby making an
Applicant Name _____ Company Name _____
application to operate a Mobile Food Truck on Miami-Dade Aviation Property. Annual fee per vehicle is \$360.00.

1. Business Address: _____ Tel. #: _____

2. Name of Owner: _____ Address: _____

If a corporation list names and title of officers. (USE ADDITIONAL PAPER IF REQUIRED)

Name Address Title President

Name Address Title Secretary

3. List Vehicle's Make, Model, Year, and Tag Number below:

Vehicle Make _____ Model _____ Tag No. _____ V.I.N. # _____

4. List requested stops and approximate hours of operation at each stop. Be Specific, use Street and /or Building Numbers, etc. (for additional stops, use attached form).

Stop	Time	Currently Servicing? (Yes or No)
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A: _____

B: _____

C: _____

5. Attach a copy of your current Florida State Driver's License, vehicle registration, proof of insurance, and Miami-Dade County Occupational license.

Mobile vending stops are limited to approved sites by the Landside Operations Division. No mobile unit shall be operated on any Airport Property unless a permit therefore is secured from the Aviation Director or designee, application having been made at least fifteen days prior to the granting of such permit. The Aviation Director or designee shall issue such permit only after finding that the public convenience and necessity require the issuance of such permit, and that the operations of such mobile unit shall not obstruct the public way or create any hazardous conditions thereon. ONLY ONE SUCH PERMIT SHALL BE ISSUED PER VEHICLE.

THIS APPLICATION IS MADE WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE ATTACHED REQUIREMENTS AND RESTRICTIONS.

Applicant Signature _____ Date _____

Official Use Only – Do not Complete

Date _____ Renewal _____ New Applicant _____ Permit No. _____

Approved Stop(s) _____

Fees Paid _____ Termination/Revocation _____ Approved by _____

Director/Designee

M.I.A. MOBILE FOOD TRUCK VENDOR APPLICATION

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Applicant Name: _____

Company Name: _____

Date: _____

Additional stops and approximate hours of operation:

Stop	Time	Currently Servicing? (Yes or No)
D: _____	_____	_____
E: _____	_____	_____
F: _____	_____	_____

Food Vendor Schedule of Stops

Company: _____

Vehicle 1:

Make _____ **Model:** _____ **Lic. Plate No:** _____ **V.I.N. #** _____

List requested stops and approximate hours of operation at each stop. Be specific, Use Street and / or Building Numbers, etc.
(for additional stops, use a separate sheet)

Stop	Time	Currently Servicing? (Yes or No)
A: _____	_____	_____
B: _____	_____	_____
C: _____	_____	_____
D: _____	_____	_____
E: _____	_____	_____
F: _____	_____	_____

Vehicle 2:

Make _____ **Model:** _____ **Lic. Plate No:** _____ **V.I.N. #** _____

List requested stops and approximate hours of operation at each stop. Be specific, Use Street and / or Building Numbers, etc.
(for additional stops, use a separate sheet)

Stop	Time	Currently Servicing? (Yes or No)
A: _____	_____	_____
B: _____	_____	_____
C: _____	_____	_____
D: _____	_____	_____
E: _____	_____	_____
F: _____	_____	_____

Vehicle 3:

Make _____ **Model:** _____ **Lic. Plate No:** _____ **V.I.N. #** _____

List requested stops and approximate hours of operation at each stop. Be specific, Use Street and / or Building Numbers, etc.
(for additional stops, use a separate sheet)

Stop	Time	Currently Servicing? (Yes or No)
A: _____	_____	_____
B: _____	_____	_____
C: _____	_____	_____
D: _____	_____	_____
E: _____	_____	_____
F: _____	_____	_____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SAMPLE OF INSURANCE REQUIREMENTS	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED SAMPLE OF INSURANCE REQUIREMENTS	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CGL0001234 Amount shown is the minimum required at this time.	00/00/00	00/00/00	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			RPT0123456 Amount shown is the minimum required at this time			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MIAMI - DADE COUNTY IS INCLUDED AS AN ADDITIONAL INSURED WITH RESPECTS

TO THE INSURED'S OPERATION. VEHICLE SCHEDULE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

MIAMI - DADE COUNTY
 MIAMI DADE AVIATION DEPARTMENT
 LANDSIDE OPERATIONS - PERMIT SECTION
 P.O. BOX 025504
 MIAMI, FLORIDA 33102-5504
 FAX: 305 876-7212

SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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