

1121 N. Lake Park Blvd. Carolina
Beach, NC 28428
Phone (910) 458-2999
Fax (910) 458-2997



Permit #: _____

Valid Through: _____

TOWN OF CAROLINA BEACH ANNUAL FOOD TRUCK APPLICATION

*** Please submit a photo of the proposed food truck and documentation of approval from the health department. ***

Food Truck Name: _____

Type of Food Provided: _____

Business Operator Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Requested Locations to Operate the Food Truck (*only private property, no public property*):

Location 1:

Address: _____ Owner Name: _____

Property owner Signature: _____

Location 2:

Address: _____ Owner Name: _____

Property owner Signature: _____

Location 3:

Address: _____ Owner Name: _____

Property owner Signature: _____

**If you have more locations please provide the address, owner name, and signature on a separate piece of paper.
We will accept an email confirmation in lieu of written signature from the owner of the property. Please provide a
copy of the approval email. **

I agree to abide by all the laws and regulations of the Town to include specific requirements for food trucks under Chapter 14. I understand that violations of these regulations is cause for revocation of this permit allowance.

Printed Name

Applicant Signature

Date

STAFF REVIEW

Approved Denied

Permit Fee: \$ _____

Reviewer Name: _____

Signature: _____ Date: _____

Violations: _____

Notes:
