



# MOBILE FOOD VENDOR CLEARANCE FORM

12 W. LIBERTY ST., P.O. BOX 1449, SUMTER, SC 29151  
PHONE: 803-774-1601; FAX: 803-774-1688  
EMAIL: businesslicense@sumtersc.gov

OFFICE USE ONLY	
NAICS Code:	_____
Date Rec'd:	_____
Time Rec'd:	_____
Zoning:	_____
Parcel No.:	_____
CF Handled by (Business license): _____	

### APPLICATION FEE IS \$50.00

A 3.4% + \$0.30 surcharge applies for all credit card transactions.  
Checks can be made payable to the City of Sumter.

Clearance forms are required for all businesses located in the City or County of Sumter, SC.  
**Any new business, change of location or change of ownership for an existing business should complete this form and return it to the business license office.** In the event of a change of location or ownership of a business, notification must be given within **10 days** and the same procedure shall be followed.

When submitting a Mobile Food Vendor Business License Application & Clearance form, **the following documents must also be submitted:**

1. Copy of SC Department of Agriculture Food Inspection certificate
2. Copy of completed SLED CATCH background check
3. Interior & Exterior photos of the food truck/mobile vending unit
4. Property Owner Permission to Operate a food truck/trailer form
5. List of foods to be sold/menu
6. Copy of SC Retail license

Type of mobile vending:  Food Truck  Food Trailer  Ice Cream Truck  Other: \_\_\_\_\_

Name of business (As it will appear on your Federal & SC State Tax Returns):  
\_\_\_\_\_

Physical Address of Business (No P.O. Boxes):

Street	City	State	Zip Code
_____	_____	_____	_____

Phone Number of Business: \_\_\_\_\_ Business Website: \_\_\_\_\_

### Business Owner Information:

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

Address (street, city, state, zip code): \_\_\_\_\_

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

### Property Owner Information:

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

Address (street, city, state, zip code): \_\_\_\_\_

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

Please provide a detailed description of ALL proposed activities in which the business will engage AND attach a list of foods to be served or include a menu.

The Hospitality fee is a 2% fee imposed by the City of Sumter on the purchase of prepared or modified foods and/or beverages prepared for immediate consumption. The hospitality fee applies to all restaurants, convenience stores, grocery stores, ice cream parlors, bakeries, night clubs, hotels, motels, bars, lounges, grocery or convenience stores, caterers, or other food service facilities (Ask business license personnel for report forms and details).

**Commissary Information: (Mobile Food Vending must be tied to a DHEC approved physical restaurant)**

Name of Restaurant: \_\_\_\_\_

Address of Restaurant (street, city, state, zip code):

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

Owner of Restaurant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where will you dispose of your wastewater? (street, city, state, zip code):

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

**Used Cooking Oil:** Do you recycle the used cooking oil or grease produced at your facility?  Yes  No  
If yes, what is the name of your recycling company?

\_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please complete the following:

List Conviction Date(s)	City/State	Nature of offense

**\*\* NOTE:** There will be a mandatory yearly fire inspection performed by the City of Sumter on ALL mobile food vendor type vehicles. The city Fire Marshall will be inspecting for fire code compliance. **\*\***

If you have any questions, please do not hesitate to call our office at (803) 774-1601. Office hours are Monday through Friday from 8:30 a.m. to 5:00 p.m.

**Before a license can be issued, you must get the necessary approvals for code compliance applicable to the location and nature of your business. You may not lawfully conduct business until this office issues a license. A new business shall be required to have a business license prior to operation within the municipality. ( \_\_\_\_\_ ) Initial here.**

**NOTICE:** you should confirm that no restrictive covenants are on this property which would limit your right to perform the activity for which you seek approval. If such restrictive covenants do exist, surrounding property owners may be able to have a court stop your activity even if the City grants you a license to perform the contemplated activity. In granting this license, the City/County does not attempt to determine if there are restrictive covenants. This determination is the sole responsibility of the applicant. The acceptance of this application for review and the payment of any fees does not constitute the approval of this application. Approval is granted only upon the receipt of a business license. **THIS APPLICATION IS NOT A LICENSE.** ( \_\_\_\_\_ ) Initial here.

**I state that I have read all of this form and that the information I have provided is true and correct. I also agree to abide by all laws, codes, and regulations of the City and County of Sumter and the state of South Carolina. ( \_\_\_\_\_ ) Initial here.**

Clearly Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check all that apply:

- Property owner  Business Agent
- Business owner

**OFFICIAL USE ONLY – APPROVAL:**

City

County

**Planning/Zoning Commission:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve

Disapprove

Comments for approval/Reason(s) for disapproval:

**Fire Inspection:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve

Disapprove

Comments for approval/Reason(s) for disapproval:

**Building Inspection:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve

Disapprove

Comments for approval/Reason(s) for disapproval:

**Police Department/Sheriff's Office:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve

Disapprove

Comments for approval/Reason(s) for disapproval: