



File No.: \_\_\_\_\_  
Date Submitted by Applicant: \_\_\_\_\_  
Date Deemed Complete: \_\_\_\_\_

400 Main Street Cottage Grove, OR 97424

## TEMPORARY FOOD CART PERMIT APPLICATION

To: City of Cottage Grove Community Development Department

A. Applicant

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

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

Status: ☐ Owner ☐ Agent

*Note: If agent you must have owner's consent and signature.*

B. Owner (if not applicant)

Owner's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

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

C. Location(s) of Commercial Property Where Food Cart Will Be Operated

Address(s)/Location(s): \_\_\_\_\_

Present Use: \_\_\_\_\_

D. Request for Consideration

Is this application filed in association with other land use permit applications?

☐ Yes ☐ No

Name/Type/Description of Food Cart: \_\_\_\_\_

**E. Required Information**

Note: Additional information may be required under the specific application requirements for each approval, e.g., Chapters 14.42 (Land Use Review), 14.43 (Land Divisions), 14.46 (Modifications), 14.48 (Code Interpretations), 14.49 (Miscellaneous Permits), and 14.52 (Non-Conforming Uses and Development).

- ☐ Plans: Provide a separate site plan and photo(s) for location(s) and signage.
- ☐ Permission(s): Proof of the commercial property-owner's permission to place the food cart on his/her property.
- ☐ License: The food cart complies with applicable Oregon Health Authority Mobile Food Unit license requirements, as enforced by the Lane County Health Department. License # \_\_\_\_\_ Class: \_\_\_\_\_
- ☐ Non-refundable application fee.

**G. Signature**

I hereby request a Temporary Food Cart Permit on the above described real property, which is either owned by or granted permissions to the applicant, and is located within the City of Cottage Grove, Oregon.

I hereby acknowledge that this application is not considered filed and complete until all of the required information has been submitted as determined by the Community Development Director and all required fees have been paid in full. Once the original application is submitted, Staff has 30 days to determine whether an application is complete. Within 30 days a letter will be mailed to you either deeming the application complete or requesting additional information. If additional information is requested you have 150 days to either: submit the missing information, submit some of the information and written notice that no other information will be provided, or submit a written notice that none of the missing information will be provided. Once your application is deemed complete, staff will have 120 days to complete the processing of your application. (ORS 227.178)

	Owner:	Agent:
Signature:	_____	_____
Name:	_____	_____
Date:	_____	_____

**Office Use Only**

Date Application Received: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date Application Complete: \_\_\_\_\_ Initials: \_\_\_\_\_  
Applicant Notified of Completeness: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Initials: \_\_\_\_\_