Miami-Dade County Department of Regulatory and Economic Resources

MOBILE FOOD SERVICES OPERATIONS EVENTS (MOFSE) "Round Up" (Ordinance 11-32)

OFFICE USE ONLY

CU Process Number _____ Fees Paid $_____

Application Date_____

EVENT COORDINATOR NAME	TELEPHONE	EMAIL

ADDRESS

PROPERTY OWNER NAME	ZONING DISTRICT

SITE ADDRESS

FOLIO NO. *(Begins with 30-)*	EXISTING USE OF PROPERTY

CHECKLIST OF ATTACHMENTS *(Please attach additional documents as necessary)*

1. Narrative (Attach a description of event, hours of operation, estimated public attendance, special dates, etc.)
2. Hours of operation: _____
3. Schedule of events: ❑ Weekly ❑ Weekends
   ❑ Weekday Holiday Events (maximum of 4 per year)
4. Estimated public attendance: _____
5. Amenities provided: (stage, booths, tables, chairs, etc.)
6. Will tents be erected? Yes No
   If yes, short-term permit number_____
7. Notarized letter from owner included in package
8. Waiver of objection (attached) (Requires 80% approval from owners or residents of residentially zoned properties within 1,000 ft.)
9. Miami-Dade Police Department letter (attached) (See also attached information required by the Police Department)
10. Site plan indicating, at a minimum, the following site features:
    A) Placement of food trucks
    B) Garbage facilities
    C) Portable toilets
    (Attach the letter from Florida Department of Health)
    D) On and off site parking
    E) Lighting installations
    F) Street rights-of-way, internal circulation, ingress/egress points and emergency access
    G) Pedestrian route to off-site parking, if applicable
11. Maximum total mobile food trucks: _____

Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued. I further understand that a Certificate of Occupancy (CO) is a prerequisite to obtaining a Certificate of Use.

PROPERTY OWNER NAME	SIGNATURE

EVENT COORDINATOR NAME	SIGNATURE

This application must be completed and submitted online via our website or in-person to the Zoning Permits Section located at:
11805 SW 26 Street, Suite 106, Miami, FL 33175 • Phone: 786-315-2660
rer-cuinfo@miamidade.gov • www.miamidade.gov/building

RESET

MIAMI-DADE COUNTY