

APPROVED: _____

DATE: _____



CITY OF COLUMBIA, MO
PUBLIC WORKS DEPARTMENT
PARKING UTILITY

Telephone: 573-874-2489 Fax: 573-874-7266 E-mail: parking@como.gov Website: CoMo.gov/PublicWorks/Parking

MOBILE FOOD VENDOR APPLICATION
(For mobile food vending operations in designated metered vending zones)

GENERAL INFORMATION:

- The following parking metered spaces are designated as mobile food vending zones:
Cherry Street, south side, eight (8) spaces between Sixth Street and Seventh Street.
Locust Street, south side, eight (8) spaces between Ninth Street and Tenth Street.
Walnut Street, north side, ten (10) spaces between Ninth Street and Tenth Street.
Walnut Street, north side, seven (7) spaces (W703-W715) between Seventh Street and Eighth Street
- Mobile food vending operations shall be prohibited between the hours of 11:00 p.m. and 6:00 a.m. except, metered mobile food vending zones shall be prohibited between the hours of 3:00 a.m. and 6:00 a.m. and mobile vending operations at the Wabash Station shall be prohibited between the hours of 3:00 a.m. and 9:30 p.m.
- To use a metered mobile food vending zone, a mobile food vendor shall be required to lease a meter bag(s) from the Public Works Department using the fee schedule below. Public Works may request documentation to verify a mobile food vendor's legal status to engage in business within the city limits of Columbia.

Daily Single Meter Bag:\$ 10.00
 Daily Double Meter Bag: \$ 20.00
 Monthly Single Meter Bag: \$150.00
 Monthly Double Meter Bag:\$200.00

- YOU MUST COME TO THE PUBLIC WORKS DEPARTMENT OFFICE AT 701 E. BROADWAY, 3RD FLOOR, AND PAY IN ADVANCE. You will be issued an orange plastic meter cover, or you may create your own box to cover the meter (must be approved by Public Works). Parking spaces in a mobile food zone are available on a first come, first served basis.
- Covers need to be attached to meter at least four (4) hours in advance to allow parked vehicles to vacate the vending zone. Please leave a voice message at 573-874-2489 to advise when covers are in place.

Please apply a minimum of 24 hours before covers are needed.

Name of Applicant _____ Date _____

Address _____ Telephone _____

Dates covers will be in use _____ Number of spaces requested _____

***Please refer to Ordinance Chapter 14, most notably Section 24-151 for further information and prohibitions.

Briefly Explain What Cover Will Be Used For: _____

DAILY SINGLE RATE DAILY DOUBLE RATE MONTHLY SINGLE RATE MONTHLY DOUBLE RATE

I have read and understand the policies stated above:

Signed: _____

Printed: _____

OFFICE USE

Date & Time Cover(s) Issued		Amount to be charged	
Received by		Paid by cash / check / credit card	