



**DEPARTMENT OF PLANNING & ZONING  
ZONING ADMINISTRATION DIVISION**

12055 Government Center Parkway, Suite 807

Fairfax, VA 22035

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E-mail: ORDADMIN@fairfaxcounty.gov

**APPLICATION FOR A FOOD TRUCK OPERATION PERMIT**

**STEP ONE: PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**Property Information (Where the food truck(s) will be located for operation.):**

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_,  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**Applicant's Information:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Truck Name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_,  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**STEP TWO: Please attach a copy of the property owner's consent. Must be a letter on company letterhead and have the owner's signature.**

**STEP THREE: Please attach a copy of the Food Truck Location Permit for the property. Also, include a schematic depicting the permitted location for the truck. You may use a copy of the schematic the owner used for the location permit application.**

**STEP FOUR: Please attach a filing fee of \$100.00**

Cash or Check. Make Checks Payable To: Fairfax County

**STEP FIVE: PLEASE READ THE FOLLOWING AND SIGN:**

I accept full responsibility for the accuracy of the information provided in this application and will abide by all conditions set forth in the Food Truck Location Permit (location of truck and hours of operation, etc.)

Name of Principal Officer or Agent of Food Truck Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Staff Comments:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

