



Food and Beverage Cart Application

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Name of Business:	Realtime Coffee		
Location or Address:	38424 Pioneer Blvd. Sandy OR. 97055		
Name of Food Cart Pod:	Sandlandia		
Length/Size of Cart: (excluding trailer hitch)	8W x 20L.	Awning Height:	(2 feet)

Submit the following items with this application:

<input type="checkbox"/> Fee (\$164) #200
<input type="checkbox"/> Pictures of the cart
<input type="checkbox"/> Written approval from Clackamas County Health Department
<input type="checkbox"/> City of Sandy Business License Application and Fee
<input type="checkbox"/> Written approval from the Sandy Fire District Fire Marshall (Gary Boyles - fmboyles.sandyfire@gmail.com)

Please Note: Prior to opening, the applicant must first receive a Final Order from the City of Sandy along with completed inspections by the Clackamas County Health Department and the Sandy Fire District Fire Marshall.

I certify by signing this application that the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.

Applicant (if different than owner) Mandy Hutchinson	Food Cart Pod Owner / Property Owner Mandy Hutchinson / Jerry Carlson
Address PO Box 1021	Address 38424 Pioneer Blvd
City/State/Zip Sandy OR 97055	City/State/Zip Sandy OR 97055
Email realtime.roasting@hotmail.com	Email www.Sandlandia.net
Phone 971.235.7413	Phone 503 240-4993
Signature 	Signature

Staff Use Only

File #:	Date:	Fee\$:	Business License #
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BUSINESS LICENSE APPLICATION

Is this a renewal? Yes No

Last year's Business License # _____

ASSUMED BUSINESS NAME (DBA): <u>Mandy Inc dba Realtime coffee</u>	
LEGAL NAME OF CORPORATION/PARTNERSHIP/BUSINESS <u>Realtime coffee</u>	
TYPE OF BUSINESS <u>Coffee Shop</u>	BUSINESS PHONE <u>971235-7413</u>
BUSINESS ADDRESS (INCLUDE CITY, STATE & ZIP) <u>38424 Pioneer Blvd. Sandy, OR. 97055</u>	
EMAIL ADDRESS <u>realtimeroasting@hotmail.com</u>	
MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS-INCLUDE CITY, STATE & ZIP) <u>Po Box 1027 Sandy, OR. 97055</u>	
CONTACT NAME <u>Mandy Hutchinson</u>	
CONTACT ADDRESS (INCLUDE CITY, STATE & ZIP) <u>Po Box 1027 Sandy OR. 97055</u>	
CONTACT TELEPHONE <u>971235-7413</u>	EMERGENCY PHONE <u>503 929 0155</u>
IS THE BUSINESS LOCATED: <input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS IF INSIDE CITY LIMITS, PLEASE COMPLETE QUESTIONS 1 THROUGH 6	
For businesses inside the Sandy City Limits:	
1.	IF YOU ARE RENTING OR LEASING YOUR SPACE: PROPERTY OWNER'S NAME <u>Jerry Carlson</u> ADDRESS <u>62767 East Rufus Ridge Ln. Brightwood OR. 97011</u> PHONE # <u>503-260-4993</u>
2.	ADDITIONAL EMPLOYEES: FULL TIME _____ PART TIME <u>1</u> TOTAL FT EQUIVALENT _____
3.	ARE HAZARDOUS MATERIALS STORED/USED ON THE PREMISES? (CHECK ONE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4.	IS THE BUSINESS LOCATED IN YOUR HOME*: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5.	DOES YOUR BUSINESS UTILIZE PEDDLERS OR SOLICITORS*: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6.	IS YOUR BUSINESS A SIDEWALK VENDOR OR STREETSIDE SALES*: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>*If you answered yes to Question 4, 5 or 6 please review the additional regulations listed inside and sign where requested.</i>	

CITY USE ONLY

CONDITIONS OF APPROVAL:			
BUILDING: <u> </u>	DATE REC. <u>12/ </u>	LICENSE # <u>N/A</u>	DATE ISSUED
PLANNING: <u> </u>	CHECK# <u> </u> CASH <u> </u> CC# <u> </u>	TOTAL FEE PAID <u>N/A</u>	

** Will Register for 2023*

