



MOBILE VENDOR PERMIT APPLICATION

FILL OUT COMPLETELY - PRINT OR TYPE

CONTACT INFORMATION

BUSINESS NAME: _____

ADDRESS: _____ **PHONE NUMBER:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BUSINESS OWNER: _____

MAILING ADDRESS: _____ **PHONE NUMBER:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

VEHICLE INFORMATION

VEHICLE OPERATOR: _____

ADDRESS: _____ **PHONE NUMBER:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

VEHICLE OWNER: _____

VEHICLE LICENSE PLATE #: _____ **VEHICLE IDENTIFICATION #:** _____

VEHICLE MODEL: _____ **YEAR:** _____ **COLOR:** _____

DESCRIPTION OF PRODUCT BEING SOLD: _____

MOBILE VENDING TRUCK (PRE-PACKAGED ONLY)	<u>\$150.00</u>
HOT DOG PUSH CART	<u>\$150.00</u>
ICE CREAM/FROZEN NOVELTIES CART	<u>\$120.00</u>

COMMISSARY INFORMATION

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PLEASE ATTACH HEALTH PERMIT FOR COMMISARY

SIGNATURE OF APPLICANT: _____ **DATE:** _____

ALL FEES PAID ARE NON-REFUNDABLE
INSPECTIONS BY APPOINTMENT ONLY

FOR OFFICE USE ONLY		
Permit # _____	Date Received: _____	Received By: _____
Receipt # _____	Amount Received: _____	Cash/Check # _____