

# FOOD VENDOR APPLICATION

VENDORS PERMIT #: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY CONTACT NUMBER: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

REPRESENTATIVES ADDRESS: \_\_\_\_\_

REPRESENTATIVES CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

DESCRIPTION OF VEHICLE: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_

LIST ALL CONVICTIONS AND VIOLATIONS:

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DESCRIPTION OF THE NATURE OF THE BUSINESS:

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MERCHANDISE TO BE OFFERED FOR SALE:

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LOCATION OF ITEMS TO BE SOLD: \_\_\_\_\_

LENGTH OF TIME (DAY(S) AND TIME(S)): \_\_\_\_\_

COPY OF DRIVER'S LICENSE:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE:\$ \_\_\_\_\_