



## Street Vendor Application

Date of Application: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Individual or Business Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Vending Booth: \_\_\_\_\_

Describe each product, food, beverage, merchandise and/or service you will be offering for sale:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and times you wish to vend: \_\_\_\_\_

Location you wish to vend: \_\_\_\_\_

Nonprofit Organization: \_\_\_\_\_ Type/Services: \_\_\_\_\_

Please list the information you would like the public to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FoodTruck/Food Vendor: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Canopy? (Circle one) Y N

Number of signs to be used: \_\_\_\_\_

Description of signs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

License display: \_\_\_\_\_

Menu display: \_\_\_\_\_

Primary Sales Location: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ Food Permit: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_