

MUNICIPAL APPLICATION FOR MOBILE MERCHANDISE VENDOR PERMIT

**1. TYPE: Indicate the type of operation that best describes your mobile vending establishment.**

*Please check only one box.*

- Mobile Dispensing Vehicle                       Mobile Cart  
 Non-Self-Propelled Cart/Trailer/bicycle     Watercraft  
 Other \_\_\_\_\_

**2. BUSINESS INFORMATION**

Ownership Type - *Please check only one box below:*

- Individual/Sole Proprietor     Corporation     Partnership     Limited Liability Company  
 Governmental Entity                       Limited Partnership

Social Security Number (or FEIN for Business):

**Ownership Name** (*Individual or organization who currently owns the business*):

Entity Name ( <i>List only one</i> ):	DBA (Doing Business As) ( <i>if different</i> ):
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Address:

City:	State:	Zip Code:
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Email Address:	Phone Number:
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Website Address:	Social Media ( <i>i.e. Facebook, Twitter</i> ):
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Social Media (*i.e. Facebook, Twitter, Instagram*):

**Manager in Charge** (*If different than owner*):

Name:

Address:

City:	State:	Zip Code:
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Email Address:	Phone Number:
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**3. MOBILE MERCHANDISE ESTABLISHMENT INFORMATION:**

Name of Mobile Merchandise Establishment/Truck (*if different from Entity name or DBA*):

*(Provide the address where MFE is located when not operating):*

Address:

City:	State:	Zip Code:
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DMV License Plate Number of Truck/Cart/Trailer:

VIN Number: