

# VENDOR PERMIT APPLICATION



INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED  
(\* indicates required fields)

**BUSINESS OWNER (Required)** \*Attach a Copy of Government Issued Photo Identification

\*Owner Name:  \*Phone: (  )  
First and Last Name or Business Entity Name if Corp/LLC/LLP

\*Address:   
Street Address

City  State  Zip Code  \*Email Address

---

**EMERGENCY CONTACT (Must be a named person)** \*Attach a Copy of Government Issued Photo Identification

\*Name:  \*Phone: (  )  
First and Last Name

\*Address:   
Street Address

City  State  Zip Code  \*Email Address

---

**OPERATOR CONTACT** Same as Business Owner \*Attach a Copy of Government Issued Photo Identification

\*Name:  \*Phone: (  )  
First and Last Name

\*Address:   
Street Address

City  State  Zip Code  \*Email Address

\*Note: All operators are required to obtain and display the Vendor Equipment Permit. Please append to this application, on a separate piece of paper, all additional operators. First and last name, address, phone number and email address are required.

Type of Merchandise, food and/or  
beverage to be Sold:

Provide a Description of Vendor  
Equipment (Size, Type, Model, Etc)  
if applicable:

\*Please attach a Photo of Equipment or  
Vehicle

If motorized Vehicle, please provide the Vehicle License Plate Number:

---

OFFICE USE ONLY:

