



PERMIT FOR ACCESSORY VENDING

Location of permanent business: _____

Owner/Manager contact information:

Name: _____

Mailing Address: _____

Phone: _____

Mobile: _____

Is there a good standing U&O on this property? ___Y ___N

Is there a good standing business license on this property? ___Y ___N

Is this property zoned Planned Commercial (C-4)? ___Y ___N

Does this property comply with all bulk regulations? ___Y ___N

As the owner/representative of the property, I understand that I will be assuming partial responsibility while a transient vendor locates on this property. I am allowing access to my sanitary facilities at all times while a transient vendor is located on the property. I understand that this permit is good for six (6) consecutive months in a calendar year and after that time expires, I will not be granted a permit until the next calendar year. If this property becomes non-compliant for any reason, this permit may be revoked and future permits could be suspended.

Owner/Representative

Date

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____.

Notary Public Signature

My Commission Expires: _____

OPD

OCC