

Food Vendor Permit Application Form

Vendor Information

Business Name:

Owner/Operator Name:

Contact Phone:

Email Address:

Business Location

Business Address:

City:

State:

ZIP Code:

Permit Details

Type of Food Sold:

Vendor Type:

Operation Dates (if temporary):

Health & Safety Compliance

Food handler certificate attached

Facility subject to health inspection

Waste disposal plan provided

Signature:

Date:

[Print Form](#)

Please submit this form along with any required certificates and permits to your local health department for approval.