

Street Food Vendor Permit Application Form

Vendor / Business Name:

Owner / Applicant Name:

Contact Number:

Email Address:

Residential/Business Address:

Food Operation Details

Type(s) of Food/Beverages Sold:

Operational Area/Locations:

Hours of Operation:

Type of Cart/Vehicle/Stand:

Health & Safety Compliance

Food Safety Certification Number:

Do you have a valid health inspection certificate?

Liability Insurance Policy Number:

Additional Notes:



I hereby certify that all information provided is true and agree to comply with all local street food vending regulations.

Submit Application