

Food Vendor License Application Form

Vendor Information

Business Name

Contact Person

Email Address

Phone Number

Business Address

Food Operation Details

Type of Food Sold

e.g., baked goods, hot meals, beverages

Type of Operation

--Select--

Days/Hours of Operation

e.g., Monday-Friday, 8am-5pm

Health & Safety

List Current Permits/Licenses Held

Are all staff certified food handlers?

--Select--

Describe Food Safety Measures in Place

Supporting Documents

Please attach copies of:

- Valid ID of owner/operator
- Proof of business registration
- Health permit(s)
- Food handler certifications

Upload Documents

Choose File

No file selected

I hereby declare that the information provided is accurate and complete.

Submit Application