

# Vendor License & Health Permit Application Form

Please complete all sections and attach required documents. This form includes both vendor license and health permit application details. Submit to the Local Licensing Authority.

## Section 1: Vendor Information

Business Name	
Owner/Operator Name	
Business Address	
Mailing Address	
Phone Number	
Email Address	
Type of Business	<input type="checkbox"/> Food <input type="checkbox"/> Merchandise <input type="checkbox"/> Services <input type="checkbox"/> Other: _____

## Section 2: Vendor Operation Details

Location(s) of Operation	
Operational Hours & Days	
Brief Description of Goods/Services Offered	

## Section 3: Health Permit Application

Type of Food/Drink Sold	
Method of Food Preparation	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Prepared On-site <input type="checkbox"/> Other: _____
Handwashing/Sanitation Facilities Provided	<ul style="list-style-type: none"><li><input type="checkbox"/> Portable Sink</li><li><input type="checkbox"/> Hand Sanitizer</li><li><input type="checkbox"/> Access to Water Supply</li><li><input type="checkbox"/> Waste Disposal Bin</li></ul>
Food Handler's Permit Number (if any)	
Attach copy of previous health inspections (if applicable)	<input type="checkbox"/> Attached

## Section 4: Required Documentation Checklist

- Copy of valid ID
- Proof of property owner permission (if operating on private property)
- Proof of business registration
- Food handler's certificate (for food vendors)
- Previous health inspection results (if applicable)
- Other permits/licenses required by locality

## Section 5: Declarations & Signatures

I hereby declare that the information provided is true and correct. I agree to comply with local vendor and public health regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only:**

Application Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**Permit Approval:** [ ] Granted [ ] Denied

Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_