

Mobile Food Vendor Application

Name of Vendor Business _____

Name of Vendor/Owner _____

Permanent Address of Vendor (must include street address) _____

State _____ Zip Code _____

Vendor/Owner phone _____

Make of Vending Unit _____ Model of Vending Unit _____

License Plate Number of Vending Unit _____

Type of vendor: Mobile (trailer or truck) _____ Sidewalk (tent or pushcart) _____

Verification of Martin County Health Dept Inspection (copy attached) _____ check for verification

Current NC State Sales and Use Tax Number from NC Dept. of Revenue _____

List of locations where vendor will sell from (Street Address) signed consent agreement from property owner of each location with property owners contact information.

1

2

3
