## Street Food Vendor Permit Application

Vendor/Business Name	
Owner Name	
Contact Number	
Email Address	
Home Address	
Vending Location/Area	
Type of Food Sold	
Type of 1 ood Sold	_
Vending Unit/Vehicle Type	•
	_
Vehicle License Plate (if applicable)	
Health Certificate Number	
Ficulty Continuate Natifical	
Hours of Operation	
Additional Information	