

ITINERANT VENDOR PERMIT

Fee: \$25.00

APPLICANT INFORMATION

| | | |
|---------------------|------------------|-----|
| Full Applicant Name | | |
| Address | City, State | Zip |
| Home/Cell Phone # | Business Phone # | |
| Email: | | |

VENDING INFORMATION

| | | |
|--|--------------------|-----|
| Provide brief description of the goods and services to be offered: | | |
| Location | City, State | Zip |
| Date | Start and End Time | |
| Company/ Organization Name | Contact Name | |
| Contact Phone # | Contact Email | |

To be included with application (if applicable):

- Signed letter of permission from the owner of the real property that is the subject of the permit.
- A plot plan identifying said real property and showing its location in relation to any abutting or adjacent streets, parkways, or sidewalks.
- Anna Health Services Food Establishment Permit Application**

Applicant Signature: _____ Date: _____