

**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: \_\_\_\_\_