

**APPLICATION
MOBILE VENDOR CART PERMIT**

Applicant Name _____
Home Address _____ Home Phone _____
Business Address _____ Business Phone _____
Social Security or Federal Tax ID Number* _____ Driver's License# _____

Owner Name (if other than Applicant) _____
Home Address _____ Home Phone _____
Business Address _____ Business Phone _____
Social Security or Federal Tax ID Number* _____ Driver's License# _____

*Corporate and partnership applicants, please list shareholders' or partners' names, addresses and percentage of stock or interest on the back of this form.

Items for sale _____

Cart description including dimensions (attach drawing or photo) _____

Method and route for transporting cart to vending district _____

Storage location for cart when not in use _____

I understand and agree to comply with the provisions of Mobile Vending ordinance # _____ of the City of Anderson.

Signature of Applicant _____ Date _____

.....
Office Use Only

____ Approved ____ Denied Business License Administrator _____ Date _____

Received Proof of Insurance Business License Administrator _____ Date _____

Received Permit Fee (864) 231-2213 Business License Administrator _____ Date _____

Fire Inspection (864) 231-2256 City of Anderson Fire Dept. _____ Date _____

DHEC Inspection (864) 260-5585 DHEC Representative _____ Date _____

Comments _____
