

## MOBILE VENDING LICENSE APPLICATION

PERMIT FOR CALENDAR YEAR \_\_\_\_\_\_

Business Owner Information	n			
Name of Business Owner:				
Home Address of Business O				
Phone Number of Business C				
Email of Business Owner:				
Business FEIN:				
Mobile Vending Business In				
Base of Operation Business Name:				
Base of Operation Physical Address:				
Printed Name on Mobile Vending Unit:				
Base of Operation Phone Nu	mber:			
Business Email:				
Mobile Vending Unit Informa	ation: License Plate #:			
Make:	Model:	Year:		
Brief description of goods be	eing sold:			

## **Required Documentation and Licenses**

submitted along with the applica	tion			
Recent Photograph of the	Mobile Vending Unit			
Copy of Dept of Public Hea	alth Food Service Permit from W	ilkes County		
Mobile Vending Annual Lic	cense Fee			
Copy of Driver's License				
SAVE Affidavit				
Private Employee Affidavit	i .			
Written permission from p	property owner to operate on pr	ivate property, if applicable		
By signing below, I acknowledge Washington Code of Ordinances laws and policies governing Mob obtain property owner approval	for the operation of a mobile veille Vending Units. I further acknowledge	nding unit and all other state		
Mobile Vending Permits are valid responsibility of the permit holder	•	•		
Permit holders will receive a Mobissuance of a permit, and must cl times during the permit year.				
Printed Name of Applicant	Signature	 Date		
DO NOT WRITE BELOW LINE/FOR STAFF USE ONLY				
Permit Fee: \$175 Wilkes County	Resident / \$275 Out of County			
Staff Approval: Approved By:		Date:		
Comments:				
Location:				

The below documentation is required to qualify for a Mobile Vending Unit License and must be

For more information contact our Economic Development office at (706) 678-3277x212 or jparker@wga.gov