



**Apex Police Department
Mobile Food/Transient Vendor Application**

Please complete the application completely, legibly printing or typing all answers.

Type of Application

Mobile Food Vendor Transient Vendor

Required Documents

(This section to be completed by department staff only)

- | | |
|---|--|
| <input type="checkbox"/> Government Issued ID | <input type="checkbox"/> County/Dept of Agriculture Health Inspection (food vendors) |
| <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> Town of Apex Fire Inspection (food vendors-contact a TOA Marshal at 919-362-4001 to schedule) |
| <input type="checkbox"/> Trailer Registration (if applicable) | <input type="checkbox"/> Receipt of Permit Payment |
| <input type="checkbox"/> Vehicle &/ Trailer Insurance | |
| <input type="checkbox"/> Property Owner Authorization Letter | |

I prefer to have my permit: Mailed (USPS) Picked up by myself or a representative

Applicant Personal Information

Full Name: _____
Last First Middle

Date of Birth: _____

Driver's License/ID Number and State: _____

Permanent Home Address: _____

 State, City, Zip Code (No PO Boxes)

Phone: _____ Area Code and Number Email: _____

Business Information

Business Name: _____

Business Address: _____

 State, City, Zip Code (No PO Boxes)

Business Phone: _____

Product Information (Please provide a brief description of the products you will be selling):

Vehicle Information

 Year Make Model Color

Vehicle License Plate: _____ State: _____

Trailer/Pushcart Information

 Year Make Model Color

Size: _____ Trailer License Plate: _____ State: _____

Applicant Name:

Business Name:

Requested Dates, Times, and Location

Requested Start Date

Expected Hours of Operation

Location(s) you will be going to or using (If you are setting up at a location you must have written authorization from the property owner which includes the property owner's name, address, and contact information):

Licenses and Permits

List any other licenses or permits which you are required to have under any federal, state, or local law to conduct your proposed business (i.e. County Health Inspection):

I certify that the information I have provided is complete and true and understand that any misstatement or omission of information may cause a delay in my application being processed or even its denial. I acknowledge that I must notify the Apex Police Department of any changes to this application, in writing, within five business days of the change occurring. I understand that once my permit is issued I am required to have it displayed in a location visible to the public while conducting business in the Town of Apex.

Signature

Date

For Official Use Only

Approved

Denied

Notes:

Apex Police Official:

Date:

Town of Apex Fire Inspection—To be completed by a TOA Fire Marshal only (Contact a TOA Fire Marshal at 919-362-4001 to schedule)

Inspection Date:

Pass

Fail

Inspector Notes:

Inspector's Name (Printed):

Inspector's Signature