



VENDOR APPLICATION

GENERAL INFORMATION

Name:

Company Name:

Address:

City: State: Zip:

Ph: Business Ph: Email:

DL #: SS #: DOB: Race:

Hair: Eye color: Height: Weight:

Vehicle make/model: Yr: Color: Lic #:

Products sold:

Proceeds to benefit: Deposit or Prepay req'd?: Yes No

PERMIT INFORMATION

CHECK OR FILL-IN ALL THAT APPLY

NON DOOR-TO-DOOR PERMIT	PARADE PERMIT (PER PERSON PER COMPANY)	TEMPORARY FOOD EST REGISTRATION	MOBILE FOOD UNIT EST PERMIT	HEALTH DEPT APPROVAL REQ'D	POLICE DEPT BACKGROUND CHECK	STATE SALES TAX ID NUMBER REQ'D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$25/24 HRS \$120/YR PRORATED \$10/MO	\$10 FEE PER 14 DAYS	\$60 ANNUAL FEE	APPROVED?	COMPLETED?	STATE SALES TAX ID NUMBER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

—PERMITS MUST BE CARRIED AT ALL TIMES. VENDORS MUST SHOW ORIGINAL PERMIT ON DEMAND—

TOTAL FEE: \$

Signature: Date:

Form Rev. 6/6/2012	CITY OF WOODVILLE USE ONLY
Approved By: <input style="width: 250px;" type="text"/>	Date: <input style="width: 100px;" type="text"/>