

City of Huntsville, Arkansas

Mobile Vending Permit Application

| Date | _ | | |
|---|-----------------------------|------|-----------------------------|
| Name | | - | |
| Mailing Address | | | - |
| City | State | Zip | - |
| Cell # | _ | | |
| Products to be sold | | | |
| If you plan to vend food, please check Health permit is required it must be of also be supplied with this application Address vending unit will be | displayed in the mobile ve | • | - |
| Does vendor own this prope | erty? Yes/No | | |
| If no, please provide owners | s contact information bel | ow: | |
| Name: | | | |
| Cell #: | | | |
| Owner of property must sig I permit the use of my prop until notification to City Cle | erty until the expiration c | | sville business license, or |
| Signature of Owner | | Date | |
| All mobile vendors are required to ha website and available in the City Cler | | - | |

Applicant signature _____ Date _____

| For Office Use Only | | | | | |
|----------------------------|--|------------------------------|--|--|--|
| Planning Official Approval | | City Clerk's Office | | | |
| Adequate Parking | | Business License # | | | |
| Proper Site Location | | Health Dept. Cert. (if req.) | | | |