

MOBILE AND EVENT FOOD VENDOR LICENSE APPLICATION

BUSINESS TYPE (check only one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> S - Corp	All corporate, LLC, and fictitious names must be registered with the VA State Corporation Commission prior to applying for the Salem business license and documentation attached. http://www.scc.virginia.gov/clk/formfee.aspx

Itinerant Merchant License Fee for Perishable Items: \$50 per calendar year Beer and Wine Sales Fee: \$50 per calendar year

Applicant Information				Date Submitted:
Sole Prop., Partners, or Corp. Owner Name (s):				
Fictitious/Trade Name:				
Corporate Name:			Reg. Agent:	
Owner(s) SSN:		FEIN:		Contact person:
Mailing Address:				
City:	State:	Zip:	Locality Bus. Based In:	
Individuals Authorized to Access Account:				
Email:			Website:	
Local Phone #:		Fax #:		Corp Phone #:
Detailed Description of Items offered for Sale (example: sandwiches, prepackaged chips, bottled water, t-shirts):				
Vehicle Description:			Vehicle Plate # & State of Issue:	
Event Date/Expected Dates of Set Up:			Salem Location Address/Event:	
Virginia Dept. of Health Mobile Food Unit License #:			Food Unit License Expiration Month and Year: /	
Do you have a current Fire Inspection Sticker for Mobile Food Prep Vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Locality Fire Inspection Completed In:			Date Completed:	

OTHER		
All Mobile Vendors must have permission from the property owner and be set up in properly zoned districts which include downtown business, transitional business, community business, and highway business. No vendors are allowed to set up on City owned property including sidewalks, parks, and streets.	All alcohol sales require a Commonwealth of Virginia ABC license: ABC License # _____ www.abc.virginia.gov	All retail sales require a sales and use tax account with the Commonwealth of Virginia. Sales made within the City of Salem must be reported to the VA Department of Tax as attributable to Salem Sales Tax # _____ www.tax.virginia.gov

I, the undersigned applicant, declare that the information submitted on this application is true, full, and correct to the best of my knowledge and belief.

Signature _____
Date

Printed Name of Applicant _____
Title

Office Use Only	Date Received	Zoning Approval Date	Date Processed	Invoice Sent
Processed By:				