

Hawkers/Peddlers License Application

FEE: 10.00		
Name of business:		
Business owner name:		
Person responsible for the daily operation of this business: Address: Telephone number(s):		
Days and hours business is open:		
ATTACHMENTS		
	Certificate of Approval from Health Dept. (Required if serving food)	
	B.C.I Required for All Drivers	
I hereby certify that the above statements are true to the best of my knowledge and belief.		
	APPLICANT	DATE
Witness of Licensing Board or Notary Public		Date of Witness or Notary Expiration