

**TOWN OF FREEPORT
PUBLIC PEDDLER LICENSE APPLICATION**

NAME OF APPLICANT _____

Applicant's Date of Birth _____

Name of d/b/a or company _____

Residence address _____

Mailing address _____

Telephone number(s) _____

Description of foods to be sold _____

Description of & license plate number of vehicle used to transport food cart

Applicant's photograph – (2"x2" head/shoulder view – taken within 60 days of application)

Names, addresses and telephone numbers of two Freeport property owners for references

Has applicant ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? _____ If yes, describe, including dates and penalties: _____

Sketch, drawn to scale, or photograph of cart to be used. (refer to Sec.43-202, h)

I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE.

DATE

SIGNATURE

PRINT NAME

NON-REFUNDABLE FILING FEE: Residents - \$55; Non-Residents - \$110

Date received: _____

Required for license issuance:

_____ Police Department investigation completed; endorsement received.

_____ Council approval. Meeting # _____

_____ Copy of Certificate of Insurance received

_____ Parking space agreement received

_____ State Food license received

_____ Freeport Victualer's license issued. Meeting # _____

_____ License fee received (Resident - \$500; Non-resident - \$750)

Date: _____

Check #: _____

_____ Lottery date - _____

Applicant's location - _____