

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" x 2" 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 - _____