



CITY OF SARASOTA
PEDDLER/VENDOR LICENSE APPLICATION

BUSINESS NAME
(CORPORATE & D/B/A IF APPLICABLE): _____

APPLICANT NAME & TITLE: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE: _____

REQUESTED VENDING LOCATION: _____

COMMISSARY & STORAGE ADDRESS: _____

CHECKLIST OF DOCUMENTS REQUIRED AT APPLICATION

- Division of Corporation Documentation or Fictitious Name Registration.
- Department of Business Regulation License/Receipt.
- Proof of Insurance.
- Photograph of Vending Device.
- Site Plan of Proposed Vending Location.

THE APPLICANT ACKNOWLEDGES THAT:

HE/SHE IS IN RECEIPT OF SECTION 6-28 OF THE ZONING CODE, AND HE/SHE CAN ONLY VEND AT THE LOCATION LISTED ON THIS APPLICATION.

THIS APPLICATION IS VALID FOR SIX (6) MONTHS FROM DATE OF SUBMISSION

Signature of Applicant and Date

(FOR ZONING DEPARTMENT USE)

APPLICATION **APPROVED** **DENIED**

BY _____ **TITLE** _____

DATE _____