



Montgomery County Maryland
Department of Permitting Services

255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-4153
(240) 777-6240 Fax (240) 777-5206

<http://permittingservices.montgomerycountymd.gov>

Renewal Application for Vendor License

<http://permittingservices.montgomerycountymd.gov/permitting/pdf/LicenseProcedureForVendors.pdf>



TYPE OF LICENSE: _____ **LICENSE NO.:** _____ **CONTACT I.D. NO.:** _____

- Door-to-Door Vendor
 Site Specific Vendor
 Regular Route Vendor
 Operator
 Owner

LOCATION OF VENDING SITE/PROPERTY (Site Specific Vendors Only)

House Number _____ Street _____

Town/City _____ Zip _____

APPLICANT/CONTACT/ORGANIZATION/VENDOR/VENDOR OPERATOR

Name of Applicant _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

Business Name: _____ Day Phone # _____ Evening Phone # _____

Contact Person _____ Daytime Phone # _____

VENDOR APPLICANT ONLY

Name of Cross Street: _____

- CAP
 Signs
 ROW

Types of Goods Being Sold: _____

- M Site
 Private Property

Zone: _____

No. of Photo ID's: _____ Additional Photo ID's: _____

CHECK ONE BELOW

- One Day License

- Sixty Day License

- One Year License

- Agricultural Cert. Required

- Health Dept. Cert. Required

AFFIDAVIT: I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the vendor license application are true and correct to the best of my knowledge, information and belief. I agree to comply with Section A-6.13 of Chapter 59, and the regulations of Chapter 47 of the Montgomery County Code, as amended, to take whatever action is required by the Department to bring the vendor operation into compliance if complaints of non-compliance are received and verified.

Original Signature of Applicant

Date

Printed Name of Applicant

Approved: _____

Date

Disapproved: _____

Date

Revoked: _____

Date