



100 East Carolina Avenue • P.O. Drawer 2497 • Hartsville, SC 29550 • 843-383-3009

Sidewalk Vending Permit Application

Applicant Name: _____ **Date:** _____

Address: _____

Telephone Number: _____

Email Address: _____

Owner: (If other than applicant) _____

Proof of Identity: (Must attach a copy of Driver's License or picture ID).

Driver's License Number

State

Give a brief description of the food and/or non-alcoholic beverages that you propose to vend/sell:

Describe the proposed sidewalk location where you propose to vend/sell. Number in order of preference three (3) specific sidewalk locations where you would like to vend/sell:

Description and photograph or drawing of the cart to be used:

Location and description of off street storage facilities:

Method and route for transporting carts to and from sidewalk location and storage facility: _____

Name of insurance company that issued the insurance policy: (Must submit copy of insurance policy and certificate of insurance). _____

Fees

\$100 for Sidewalk Vending Permit

Checks shall be payable to the City of Hartsville. All permits expire December 31 of the year which they are issued.

Signature

I understand that this application shall be returned if it is not fully completed.

Applicant Signature: _____

Date: _____

Staff Use Only

Approved by: _____ Date: _____ Permit #: _____