



CITY OF COLUMBIA
TEMPORARY VENDING PERMIT

FOR OFFICE USE ONLY
EXPIRATION DATE
PERMIT FEE \$50.00

ANSWER ALL QUESTIONS COMPLETELY AND REMIT PROPER PAYMENT DUE. INCOMPLETE APPLICATIONS WILL BE RETURNED. THIS PERMIT IS GOOD FOR A PERIOD OF NO MORE THAN 3 DAYS.

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REC. DATE
REC. #

APPLICANT NAME HOME ADDRESS CITY, ST ZIP

APPLICANT PHONE NO. BUSINESS PHONE NO.

BUSINESS NAME BUSINESS ADDRESS CITY, ST ZIP

Type of Ownership: Single Proprietorship Partnership Corporation
If Corp Name of Corp:

Identify Owners and/or Partners of business: (If Corporation, list officers.)

Table with 3 columns: NAME, ADDRESS (NO PO BOX), CITY, ST ZIP. Multiple rows for listing owners/partners.

Applicants local address if applicable:

Location in City of Columbia from which you will conduct your business:

Brief description of location:

Brief description of nature of business and product to be sold:

Date and length of time you will conduct you business at this location:

Names and address of two reputable local property owners who will certify as to moral reputation and business responsibility (if not available, other evidence as to the moral reputation and business responsibility must be furnished).

Have you been convicted of any crime or misdemeanor or for violating any municipal ordinance? If Yes, give details as to nature and penalty or punishment.

Name last three cities or towns where you carried on business immediately preceding the date of this application. Transient merchants furnish address from which business was conducted in these cities or towns.

Signature Date

BY SIGNING THIS FORM YOU ARE CONSENTING TO FOLLOW CURRENT CDC GUIDELINES AND THE EXECUTIVE ORDER FROM THE GOVERNOR