

## 2021 VENDORS LICENSE APPLICATION

### REQUIRED DOCUMENTS

*(Please return this page along with the following information with the Vendors License Application)*

\_\_\_\_\_ 2021 State of Delaware Business License

\_\_\_\_\_ Copy of Valid Driver's License

\_\_\_\_\_ Copy of Vehicle Registration Information  
Indicating:

- Year
- Make & model
- Color

\_\_\_\_\_ Letter of authorization from company being represented

- Name, address & title of company officer
- Type(s) of articles, devices, subscription, services or contracts being sold
- Length of time to be registered

\_\_\_\_\_ Criminal Background History (*with the report sent to the Code Official*)

- Delaware State Bureau of Identification. (302) 739-5871

\_\_\_\_\_ **For Mobile Food Vehicles:** Valid Food Establishment Permit from Delaware Department of Health and Social Services Division of Public Health and any inspections reports

\_\_\_\_\_ Vendors License Application Form

### PLEASE NOTE:

*Where a person submits an application, and has one or more helpers, all applicable personal information specified above shall be given for each helper, and an individual license shall be required for each helper. No license issued shall be transferable from one person to another.*

# 2021 VENDORS LICENSE APPLICATION

Vendor

Mobile Food Vehicle

Special Event

Trade Name of Business \_\_\_\_\_

Name of Owner **and** Applicant \_\_\_\_\_

Drivers License Number & State \_\_\_\_\_

Mailing Address of Business \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Principal Type of Sales \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

Year, Make, Model of Vehicle & Color \_\_\_\_\_

License Plate Number & State \_\_\_\_\_

Door to Door Sales? **Y** or **N** Age: \_\_\_\_\_ Do you have a Criminal Record? **Y** or **N**

If No, what location will you be set up at? \_\_\_\_\_

This application is for the period ending on **December 31, 2021**. Please mail or present this application, together with the required documents and appropriate fee of January - June **\$50** /// July - December **\$25** made payable to:

City of Milford  
180 Vickers Drive  
Milford, DE 19963  
302-424-8396

The undersigned applicant acknowledges that by signing below all information provided is true and further states that he/she is knowledgeable of and has complied with and will continue to comply with all ordinances of the City and State of DE, as they apply to his/her sales.

Applicant Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

## OFFICE USE ONLY:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

cc: Milford PD

**\*\*\*Please provide copy of DRIVERS LICENSE & VEHICLE REGISTRATION\*\*\***