



## Town of Georgetown Food Vendor Business License Application

Business Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

\*\*Copy of State License Required to accompany application

Physical Location of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name\* \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\*\*If the applicant is a partnership, corporation, limited liability company (LLC), government or governmental agency, statutory trust, business trust, or two (2) or more persons having a joint or common trust or any other legal or commercial entity the names and addresses and telephone numbers of the individuals shall be provided. You may attach a separate sheet with this information.

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Applicant Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Applicant Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Address (if above less than three years): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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(Each Vehicle Constitutes a Separate Business License)

Owner of Vehicle: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchased From Name: \_\_\_\_\_

Purchased From Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHECK ONE:**

I, the applicant, have been convicted of a crime or disorderly person offense or violation of any law or ordinance of the Town of Georgetown: \_\_\_\_ Yes \_\_\_\_ No If answered yes, on a separate sheet provide the nature of each offense.

I, the applicant, certify that the information on the application is true and correct and that a false answer can subject the application to denial or a license to revocation. I shall comply with all provisions of Code of the Town of Georgetown, Chapter 119, Food Vendors, and all other laws and ordinances of the Town of Georgetown and other jurisdictions relating to the business or enterprise for which the license is required, including applicable zoning and building codes, and shall continue to do so throughout the term of the license. This application will be considered complete only when all sections have been completed in their entirety and payment received for the proper fees.

If vehicle is to have a fixed or semi-fixed location from which sales will be conducted, a signed statement of permission from the property owner(s) (if other than the applicant) evidencing permission to conduct food vending at the location is required.

**Ice Cream Trucks Only**

LIST OF EMPLOYEES: if additional employees, please attach a separate page

**Office Use Only**

Name	Date of Birth	Driver's License #	Background Approved	Background Denied

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

Date: \_\_\_\_\_

**BELOW FOR OFFICE USE ONLY**

<b>Required</b>	<b>Date Received</b>	Application Rcvd by _____ Date Application Rcvd _____ Account # _____ Amount Rcvd \$ _____ CC/Cash/Check# _____ <p style="text-align: center;"><b>Vendor License is</b></p> Approved _____ Denied _____ * All appropriate documentation and form(s) have been attached _____
____ Copy of Delaware State License	_____	
____ Department Public Health Food Permit	_____	
____ Valid Motor Vehicle Registration	_____	
____ Property Owner Permission (location)	_____	
<b>Ice Cream Truck Additional Requirements</b>		
____ # of Back Ground Checks submitted	_____	
____ Copy of Drivers Licenses Received	_____	
____ Forwarded to Police Department	_____	
____ Police Department Returned	_____	
Police Department Approved: ____ Denied: ____		

Submit all requests to the Planning Department, 39 The Circle, Georgetown DE 19947  
 Phone: (302)856-7391 Fax: (302)856-6348