



Town of Ocean Isle Beach
3 West Third Street
Ocean Isle Beach, NC 28469
Telephone (910) 579-2166 Fax (910) 579-8804

Date Received _____
 Time Received _____
 Employee Signature _____

MOBILE VENDOR LICENSE APPLICATION
 NEW _____ RENEWAL _____

This Application must be completed and returned to the Town of Ocean Isle Beach between **December 1st - 31st**. Invoice for license will be mailed upon approval of the application.

Proof of comprehensive business liability insurance and health code approval are required to be attached with application.

BUSINESS INFORMATION

Account # _____

Name under which business will operate _____

Owner of business _____

Mailing Address _____ Business Phone _____

City, State, Zip _____ Fax Number _____

Physical Address _____ Cell Phone _____

City, State, Zip _____ Other _____

E-Mail Address _____ Website _____

Social Security Number _____ Driver's License State _____ Number _____

Federal Tax ID Number _____ State Sales Tax Number _____

Description of business, including specifications of the goods offered _____

Outline of the methods to be used for solicitation _____

CART INFORMATION & DESCRIPTION

Photo or drawing of the equipment to be used must be attached
Number of carts requested (not to exceed three) _____

FIRST CART	VEHICLE INFORMATION - TRANSPORTING CART
Description _____	Year/Make/Model _____
Year _____	Color _____
Manufacturer _____	License Plate # _____ State _____

SECOND CART

VEHICLE INFORMATION - TRANSPORTING CART

Description _____
Year _____
Manufacturer _____

Year/Make/Model _____
Color _____
License Plate # _____ State _____

THIRD CART

VEHICLE INFORMATION - TRANSPORTING CART

Description _____
Year _____
Manufacturer _____

Year/Make/Model _____
Color _____
License Plate # _____ State _____

Health Code Approval Attached Yes ___ No ___
Photo or drawing of the equipment to be used Attached Yes ___ No ___
Proof of Comprehensive Business Liability Insurance Attached Yes ___ No ___
(\$25,000 minimum per person)
(\$100,000 per incident)

I certify that the above information is true and accurate.

Signature of Owner Date Signature of Co-Owner Date

If no longer in business, complete information in this box and return the application.

Date business closed _____ Closing due to Sold Business to _____
Print Name _____ Dissolved
Signature _____ Other _____

N.C.G.S. 105-366(d)

- a. At least 48 hours prior to the date of the pending sale, transfer, or termination of business, give notice to the assessors and tax collectors of the taxing units in which the business is located.
- b. Within 30 days of the sale, transfer, or termination of business, pay all taxes due or to become due on the transferred property on the first day of September of the current calendar year.

(OFFICE USE ONLY)

License # _____ Date _____
Amount Paid & Check # _____ Date _____
Tax Collector _____ Date _____
Wendy Barbee
Planning Director _____ Date _____
Justin Whiteside
Town Administrator _____ Date _____
Daisy Ivey

Approved Denied