



Town of Ocean Isle Beach
111 Causeway Drive
Ocean Isle Beach, NC 28469
Telephone (910) 579-2166
Fax (910) 579-8804

Date Received _____
 Time Received _____
 Employee Signature _____

MOBILE VENDOR LICENSE APPLICATION

This Application must be completed and returned to the Town of Ocean Isle Beach between **December 1st - 31st**.
 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

Name under which business will operate _____ Account # _____

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 six) _____

CART INFORMATION

VEHICLE INFORMATION - TRANSPORTING CART

Description _____

Year/Make/Model _____

Year _____

Color _____

Manufacturer _____

License Plate # _____ State _____

ADDITIONAL CART INFORMATION

(Complete if additional carts and/or vehicle information - transporting carts is different from previous page)

CART INFORMATION

VEHICLE INFORMATION - TRANSPORTING CART

Description _____
 Year _____
 Manufacturer _____

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

REQUIRED INFORMATION

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

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 _____
 Dissolved
 Other _____

Print Name _____
 Signature _____

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 _____ Wendy Barbee	Date _____
Asst. Town Administrator _____ Justin Whiteside	Date _____
Town Administrator _____ Daisy Ivey	Date _____

_____ Approved _____ Denied _____