SALEM VA
COMMISSIONER OF THE REVENUE

Mobile Food Vendor License Application

Sole Proprietor Partnership LLC Incorporated

Trade Name of Business:_____

Sole Proprietor's Name:_____ **Social Security #:**_____

Corporation Name:_____

Federal ID: _____ **Corp. Registered Agent:** _____

Full Name and Social Security Numbers of all owners or Officers:

_____ _____

_____ _____

Individuals Authorized to Access Account Information:_____

_____

Business Mailing Address:_____

Locality Business Based In: _____**Original Start Date:** _____

VA Sales & Use #:_____ **Business Phone #:**_____

Local Contact Phone #:_____ **Fax #:**_____

Email:_____ **Web Site:**_____

Items Offered for Sale:_____

Salem Location Address/Event: _____

Dates of Event/Expected days of set up: _____

Vehicle Plate # & State of Issue: _____ **Vehicle Description:**_____

Do you have a current Fire Inspection Sticker for Mobile Food Prep Vehicles? _____

Locality Fire Inspection Completed in: _____ **Date Completed:**_____

Please include copy of current fire inspection certificate

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Itinerant Merchant Fee for Perishable Items: $50 per calendar year