



License Section – MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis MD 21401
Telephone: 410-222-7788
Fax: 410-222-4488
www.aacounty.org

ROADSIDE VENDOR LICENSE APPLICATION

Name of Applicant _____

Applicant is a corporation partnership individual sole proprietorship other _____
(Circle appropriate response.)

Mailing Address _____

Telephone Number _____ E-Mail Address _____

List merchandise or products to be sold, bartered, or traded _____

(All food products are subject to AA County Health Department review.)

Days and hours of operation _____

Address at which applicant will operate _____

Circle one: This is a state road county road do not know

Number of employees _____ Number of parking spaces provided _____

Vehicle make, model, year and tag number (if applicable) _____

Maryland Use and Sales Tax Account Number(s) _____

Maryland Transient Vendor License _____

This application is for one year. License fee is \$250 [] YES [] NO

This application is for _____ day(s). License fee is \$25 per day. Specify date(s) _____

Attach evidence of Workers' Compensation Insurance or a Certificate of Compliance from the Workers' Compensation Commission.

Attach a site plan that shows the:

- 1. Entrance and exit for the site of operation.
2. Location, size and number of on site parking spaces.
3. Location and nature of all equipment, structures and/or merchandise that will be used at the site of operation.
4. Location and size of any sign(s).
5. Location of any utility sources such as electric, water, wastewater, etc.

By my signature below I certify the above information and all attachments are true and accurate based upon my personal knowledge. Further, if the license is issued, I will conform to and abide by all the laws of Anne Arundel County relevant to roadside vendors.

Signature _____ Printed Name _____ Date _____



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THIS SECTION MUST BE COMPLETED BY THE OWNER(S) OF OR AUTHORIZED AGENT FOR THE PROPERTY AT WHICH THE ROADSIDE VENDOR WILL OPERATE.

Size of Property to be used by the roadside vendor _____

The property has _____ structures. Identify the number and nature of each.

(Give name of businesses as appropriate) _____

Are there other roadside vendors authorized at this address? [] YES [] NO

Real Property Tax Account Number _____

Identify the nearest intersection by street names _____

Dates of authorization to this vendor for this property _____

By my signature below I am giving written permission to this applicant for a Roadside Vendor license to operate the business herein described on this property, and that I am the owner or authorized agent of this property and that I have the authority to grant permission for such use.

Signature Printed Name Date

Business Telephone Number _____

OFFICE USE ONLY

Agency Review:

PROPERTY IS ZONED _____

AMOUNT OF FEE PAID _____

HEALTH DEPARTMENT REVIEW REQUIRED? YES NO
Attach Health Department approval if applicable.

STATE HIGHWAY/COUNTY ROAD
DATE OF ISSUE _____