



M A R Y L A N D
County Executive John R. Leopold

Licensing Division, MS 6006
Department of Inspections and Permits
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www.aacounty.org

ROADSIDE VENDOR BUSINESS RELOCATION

Name of Applicant _____ License Number: RSV- _____

Address at which applicant will operate _____

List existing businesses by name _____

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 these changes to my original application 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. I understand that the revised license will have the same expiration date as the original location.

Signature

Printed Name

Date

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) _____

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 _____

Agency Review:

PROPERTY IS ZONED _____ FEE PAID _____ DATE OF ISSUE _____

STATE HIGHWAY/COUNTY ROAD _____