



*Licensing Division, MS 6006  
Department of Inspections and Permits  
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## ROADSIDE VENDOR LICENSE APPLICATION

Name of Applicant \_\_\_\_\_

Applicant is a corporation partnership individual sole proprietorship other \_\_\_\_\_  
(Indicate 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) \_\_\_\_\_

Make your check payable to 'Anne Arundel County'.

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

\*\*\*\*\*  
**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 \_\_\_\_\_