



Licensing Division, 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 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