

Outdoor Merchandising Supplement

Please print or type this form in its entirety and submit it with your completed application documents. Your application will not be considered complete without this document as well as a Master Application and a notarized Personal Affidavit.

A.	Location of cart:			
	Street Address	Suite/Unit Number	City	Zip Code
В.	Location of cart after business hours:			
		Street Address	City	Zip Code
C.	List days and hours of operation:			
D.	Provide a physical description of the c	art:		
E.	Provide a detailed description of the goods or services to be sold or provided from cart:			
F.	Attach a photograph or rendering of the cart:			
overnir nforma tateme	ead and understand the provisions, rule ng the type of license or permit for v tion contained in this application and ar nts made in this form are subject to inv al or subsequent revocation of license or	vhich I am applying. I declare, und ny accompanying documents is true a vestigation. Any false or dishonest al	ler penalty of pe and correct, with j	erjury, that äll of full knowledge that
Applicant's Signature		·	 Date	