

**VENDING CART APPLICATION
CITY OF SOMERS POINT**

Date of Application _____

Name of Business _____

Owner's Address

Business Phone _____ **Home Phone** _____

List owned Vending Carts to be used:

Make	Year	Color	Serial #	Registration #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Insurance Co.
Name & Address**

Brief description of nature of business, what goods to be sold, and where

Board of Health Certificate must be attached.

License Number _____	Payment Amount _____	Date _____
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