



Department of Permitting Services  
 Zoning and Site Plan Enforcement  
 255 Rockville Pike, 2nd Floor  
 Rockville, MD 20850-4166  
 Phone: 311 in Montgomery County or (240) 777-0311  
 Fax (240)-777-6262  
<http://www.montgomerycountymd.gov/permittingservices>



## Application for Vendors License

### A. License Information

LICENSE NO: \_\_\_\_\_ CONTACT I.D. NO: \_\_\_\_\_

New License     Renewal License

### B. Type of License

Door-to-Door Vendor     Site Specific Vendor     Regular Route Vendor     Sidewalk Vendor / Pushcart

### C. Location of Vending Site/Property: (Site specific vendors only).

House Number \_\_\_\_\_ Street \_\_\_\_\_  
 Town/City \_\_\_\_\_ Zip \_\_\_\_\_

### D. Applicant Information

Name of Applicant \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Business Name \_\_\_\_\_ Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

### E. Vendor Applicant Only

Name of Cross Street: \_\_\_\_\_  
 Zone: \_\_\_\_\_  
 Types of Goods Being Sold: \_\_\_\_\_  
 Operators ID : \_\_\_\_\_  
 Days of the Week: \_\_\_\_\_  
 Hours Open From: \_\_\_\_\_ to \_\_\_\_\_

CAP     Signs     ROW  
 M Site     Private Property

**CHECK THOSE THAT APPLY BELOW**

One Day License  
 Sixty Day License  
 One Year License  
 Agricultural Cert. Required  
 Health Dept. Cert. Required  
 Bond Required



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### D. Affidavits

- I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the vendor license application are true and correct to the best of my knowledge, information and belief. I agree to comply with Chapter 59, and the regulations of Chapter 47 of the Montgomery County Code, as amended, to take whatever action is required by the Department to bring the vendor operation into compliance if complaints of non-compliance are received and verified.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

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

- I hereby declare and affirm, under the penalty of perjury that:
  1. I have read and understand Chapter 47 of the Montgomery County Code and the Executive Regulations, and I have been provided access to a copy of these documents.
  2. I understand the conditions applicable to \_\_\_\_\_ vending activity.
  3. I agree to abide by all the rules and procedures set forth in these documents.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

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

- **HOLD HARMLESS AFFIDAVIT FOR THE PUBLIC RIGHT OF WAY** – The contractor is responsible for any loss, personal injury, death and any other damage (including incidental and consequential) that may be done or suffered by reason of the contractor’s negligence or failure to perform any contractual obligations. The contractor must indemnify and save the County harmless from any loss cost, damage and other expenses, including attorney’s fees and litigation expenses, suffered or incurred due to the contractor’s negligence or failure to perform any of its contractual obligations. If requested by the County, the contractor must defend the County in any action or suit brought against the County arising out of the contractor’s negligence, errors, acts or omissions under this contract. The negligence of any agent, subcontractor or employee of the contractor is deemed to be the negligence of the contractor. For the purpose of this paragraph, County includes its boards, agencies, agents, officials and employees.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness DATE

### OFFICE USE ONLY

Approved: \_\_\_\_\_ \_\_\_\_\_  
 Date

Disapproved: \_\_\_\_\_

Revoked: \_\_\_\_\_

NOTES: