



Outdoor Vending Application

VENDOR OPERATOR	Name:	Phone:
	Email:	Alt. Phone:
	Address:	
	Vendor Business Name:	

PROPERTY OWNER	<input type="checkbox"/> Check box if Property Owner is the Applicant and skip this section	
	Name:	Phone:
	Email:	Alt. Phone:
	Address:	
	Do you have permission from property owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY INFORMATION	Address of Outdoor Vending Location:	
	Type of Outdoor Vending Proposed:	
	Description of Outdoor Vending Proposed:	
	Dates Proposed:	
	Is there an existing parking lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the Outdoor Vending location a vacant property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Only	Current Zoning:
	Current Use:
	Tax Parcel:

- The use meets the requirements of Section 5.5.3 of the Brunswick County Unified Development Ordinance.
- Signing below, you are confirming that all the information provided is accurate to the best of your knowledge.

(Please print name)

(Signature)

Sketch Site Plan

