



# Outdoor Vending Application

<b>VENDOR OPERATOR</b>	Name:	Phone:
	Email:	Alt. Phone:
	Address:	
	Vendor Business Name:	

<b>PROPERTY OWNER</b>	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?	Yes      No

<b>PROPERTY INFORMATION</b>	Address of Outdoor Vending Location:	
	Type of Outdoor Vending Proposed:	
	Description of Outdoor Vending Proposed:	
	Dates Proposed:	
	Is there an existing parking lot?	Yes      No
	Is the Outdoor Vending location a vacant property?	Yes      No
<b>Staff Only</b>	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 information provided is accurate to the best of your knowledge.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

# Sketch Site Plan

