



## APPLICATION FOR PEDDLERS LICENSE - Peddlers, Vendors, Mobile Food Units, and Solicitors

Application is hereby made for a permit under Chapter 15, Code of the Town of Big Stone Gap, VA

Applicant/Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Social Security No: \_\_\_\_\_

Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Taxpayer ID(FEIN): \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC

Description of Business: Please describe the items you sell and whether the items are produced by you.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach the following items:

1. Valid, current photo ID of the applicant, authorized operator, or registered agent of the business.
2. Photo of cart, signs, umbrellas, and/or canopies with dimensions of each written on back of each photo.
3. **Applicant may only be located on commercially zoned property.**
4. Special exceptions for locating in areas which are not commercially zoned may be approved on a case-by-case basis by the Town Manager or his designee.
6. Applicant may be located on private property only with written permission of the property owner. Copies of written permission may be requested for inspection by any authorized Town of Big Stone Gap personnel at any time.
7. Owner must provide copy of required licenses and/or permits to operate a business. Food vendor must provide current Health Dept. permit.

License Classification / Fees			
<b>Peddlers License - Peddler/ Vendor/Mobile Food Unit</b>	<b>\$0.00</b>	<b>\$30.00</b>	<b>\$30.00</b>
License Classification	Background Check	License Fee	Total Fee
<b>Peddlers License - Solicitor</b>	<b>\$20.00</b>	<b>\$30.00</b>	<b>\$50.00</b>
License Classification	Background Check (RE: VA Code §19.2-389)	License Fee	Total Fee

Under penalty of perjury, I/we do hereby swear or affirm that the information provided for this application is true and correct, and that I/we have read the above requirements and agree to abide by them.

Proposed Business Locations: \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature Title Date