



FOOD TRUCK/ITINERANT MERCHANT PERMIT APPLICATION

BUSINESS APPLICANT INFORMATION

Name of Business:		Business Phone:
Physical Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Website Address:	Facebook Address:	How long in business at any location?

BUSINESS OWNER INFORMATION

Owner(s) Name(s):		Driver's License #:
Owner(s) Residential Address:		Date of Birth:
City:	State:	ZIP Code:
Cell Phone:	Fax:	
Email:		

DESCRIPTION OF BUSINESS

Describe your business:

Will there be more than one business/activity within said premise? Yes No If yes, explain:

Do you have written permission from the property owner? Yes No **PLEASE ATTACH**

SIGNATURE

By signing below, I confirm that the above information is true and correct to the best of my knowledge and that any alarm system installed is directed to 911 Emergency Dispatch.

Signature of applicant:	Date:
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Application, Property Owner Permission, and \$100 fee must be submitted to:
Sylva Town Hall 83 Allen Street, Sylva NC 28779

Once approved, this permit is good for 6 months inside the town limits.
Each time you plan to set up at a different address, you are required to submit written permission from the property owner.

All Food Trucks must contact the Jackson County Health Department for Inspection or Waiver at 828.587.8250.

For the full Sylva Town Ordinance, please refer to Section 38-50 of the Town Code entitled: Food Trucks, Section 5.5