



# PUSHCART PERMIT APPLICATION

DATE SUBMITTED

## APPLICANT INFORMATION

NAME		BUSINESS NAME (if different)	
ADDRESS			
CITY	STATE	ZIP	PHONE

## PROJECT INFORMATION

ITEMS TO BE SOLD FROM PUSHCART	HOURS OF OPERATION
	DAYS OF OPERATION
CITY BUSINESS LICENSE NUMBER	COUNTY HEALTH PERMIT NUMBER (if applicable)

PROPERTY OWNER SIGNATURE  
(Authorization for placement of pushcart)

DATE

### ATTACH THE FOLLOWING REQUIRED DOCUMENTS:

- Dimensioned detail of the pushcart and kiosk, if applicable
- Site plan
- Copy of Orange County Health Permit, if applicable

### FOR OFFICE USE ONLY

CASE NUMBER

EXPIRATION DATE

STAFF APPROVAL

DATE