



MOBILE FOOD VENDOR PERMIT APPLICATION

NAME OF CONTACT INDIVIDUAL _____ EMAIL _____

NAME OF BUSINESS/ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK PHONE _____ CELL PHONE _____

EVENT NAME (IF APPLICABLE): _____

PERMIT TYPE: ___ One Day (\$25) ___ 7 Day (\$100) ___ 30 Day (\$300) ___ Special Event (Fee Varies)

LOCATION: _____

PROPERTY OWNER AUTHORIZATION: _____

Electricity Access (Town Events Only) \$10 PER DAY _____ Total Due \$ _____

Please provide a copy of SC Retail license with application, copy of DHEC permit and proof of insurance. Must provide own supplies (tents, tables, chairs, etc.), water and electricity. Must insure all trash is properly disposed of prior to leaving event site.

Please list all food items you will sell or offer:

I/we understand all requirements and will not hold the Town of Chapin, or any affiliates thereof, responsible or liable for accidents, damages to property or persons, and will abide by all special event rules. I/we have also read the information on the new DHEC regulations (61-25) for Community Festivals/Mobile Vendors and agree to comply with these standards to ensure proper hygiene and food safety practices to minimize potential for food borne illness.

I understand the Town of Chapin imposes a 2% Hospitality Tax on the purchase of prepared or modified food and/or beverages intended for the consumption within the town limits and agree to comply with all requirements.

For additional information please visit the website at www.chapinsc.com.

Signature _____ Date _____ Amt. Enclosed \$ _____

Checks made payable to: Town of Chapin. Bring application to Chapin Town Hall, 157 NW Columbia Avenue, Chapin, SC 29036.