



City of Seat Pleasant
Neighborhood & Commercial Compliance
6011 Addison Rd, Seat Pleasant, MD 20743 P:301.499.8700 F: 301.499-8702
www.seatpleasantmd.gov

VENDOR LICENSE APPLICATION

**Please fill out application in its entirety if something does not apply, please write N/A,
incomplete applications will result in denial of application and delay your license.**

Type of Business:

Sole Proprietor Corporation Partnership Limited Liability Corp. Mobile Vending Other:

Nature of Business: (check all that apply)

Manufacturing Printing & Publishing Wholesale Retail
 Service Transportation Other: _____

Describe the principal product(s) or service(s) rendered:

Business Legal Name: _____

(If A Sole Proprietorship, Please List Your Legal Name, To Include First Name, Last Name, And Middle Initial)

Trade/Dba Name: _____

Owner Name: _____ **Phone:** _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ **Business Fax:** _____

E-Mail Address: _____

Web Address: _____

Secondary Contact Name: _____ **Phone:** _____

Federal Employer Id#: _____

Md Employer Id#: _____

Md Insurance Bond Id#: _____

Md Contractor #: _____

Prince George's County Certification(S):

Certificate Of Occupancy #: _____ Exp. Date: _____

Health Permit #: _____ Exp. Date: _____

NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE, OFFICERS, OR RESIDENT AGENTS:

List of names(s), address, telephone number, and date of birth if sole proprietor, partners or corporate officers/ directors and their titles (attach a separate sheet if necessary)

NAME/TITLE	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE	BRITHDATE

Driver's License #: _____ State: _____ Class: _____ Expiration: _____

Vehicle Registration: Make: _____ Model: _____ Year: _____

Vehicle License Plate #: _____ State _____ Expiration Month _____ Yr. _____

Have you received a business or vendor license from the city within the last 5 years? YES NO

If yes, list all licenses received during the last 5 years:

APPLICATION CHECKLIST

All applicable the items **MUST be provided at time of application submission. Failure to include proper documentation will result in a delay of your License and possible fines. No licenses will be issued until after all documents are submitted and approved.**

Seat Pleasant Permit Application Fee \$75.00

Letter of approval from the property owner where you will be conducting business.

Current Prince George's County Health Department Inspection certificate for all vendors that prepare and sell food (**HIGH HACCP or LOW HACCP**)

A SIGNATURE IF REQUIRED TO PROCESS THIS APPLICATION

PLEASE NOTE: Submittal of this application does not indicate approval of your vendors' license.

OPERATING A BUSINESS WITHOUT A VENDOR'S LICENSE IS A VIOLATION OF CITY LAW.

I hereby attest that I have not been convicted of a crime which relates directly to the business for which this registration is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Maryland consumer protection act or similar state or federal statutes, or had any judgment or cease and desist order or consent decrees relative business activities. I further attest the information provided on this application is true and accurate. I understand my place of business must comply with all City of Seat Pleasant codes and ordinances and the business license application fee is non-refundable.

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PRINT NAME	SIGNATURE	TITLE	DATE
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PLEASE ALLOW TWO WEEKS FOR PROCESSING ALL PERMITS AND LICENSE REQUEST.

Information to keep

VENDOR LICENSE MUST BE VISIBLE AT ALL TIMES WHILE CONDUCTING BUSINESS WITHIN THE CITY.

PURSUANT TO SEAT PLEASANT CITY CODE 141-18 FAILURE TO COMPLY WITH THE APPLICATION FOR A VENDORS AND PROVISION OF CITY CODE 141 STREET VENDORS SHALL BE PUNISHABLE BY A FINE OF \$1,000 OR BY IMPRISONMENT NOT TO EXCEED SIX (6) MONTHS

A LETTER OF APPROVAL FROM THE PROPERTY OWNER ON WHICH YOU WILL CONDUCT YOUR BUSINESS MUST BE SUBMITTED WITH THIS APPLICATION.