



**Prince George's County**  
Department of Permitting, Inspections  
and Enforcement  
**PERMITTING & LICENSING DIVISION**  
**Business Licensing Center**  
9400 Peppercorn Place, 1st Floor  
Largo, Maryland 20774  
301.883-3840 ♦ FAX: 301.883.3875



**MOBILE VENDORS LICENSE**  
In accordance with Division 12, Subtitle 5 of the Prince George's County Code

**SECTION A — IDENTIFICATION**

Name *(Last, First, Middle)*: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street City State ZIP*

Local Area Address: \_\_\_\_\_  
*Street City State ZIP*

Home Phone #: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other Distinguishing Physical Characteristics: \_\_\_\_\_

Name of Employer and/or Organization: \_\_\_\_\_  
*(If Applicable)*

Business Address: \_\_\_\_\_  
*Street City State ZIP*

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**SECTION B — NATURE OF GOODS**

Nature of Goods: \_\_\_\_\_  
*(Limited to pre-prepared and pre-wrapped ice cream, ice cream products, or other frozen novelties, fresh fruit, sealed single-serving containers of soft drinks, juice or other non-alcoholic beverages.)*

**SECTION C — BACKGROUND**

Have you ever been convicted of a felony or misdemeanor, or entered a plea of *nolo contendere*?

- YES
- NO

If you answered "yes," please provide the following:

Nature of Offense(s): \_\_\_\_\_

When and Where Convicted: \_\_\_\_\_

Penalty or Punishment(s): \_\_\_\_\_

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## SECTION D — REQUIREMENTS

### FEES: \$115 + 5% Technology Fee of \$5.75 for a total of \$120.75

All fees MUST be made payable to Prince George's County. (Fees are NON-REFUNDABLE.)

- Applicant MUST have a valid driver's license, which will be copied.
- Applicant MUST provide a current copy of registration of vehicle, which has been inspected by the Health Department and will be used for vending.
- Vehicle MUST be approved by the Prince George's County Health Department and a copy of a valid permit or recent inspection approval must be submitted (Contact Health Department at (301) 883-7600 for more information).
- Applicant MUST provide two (2) recent identical 2" x 2" color photos showing the head and shoulders.

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## SECTION E — REFERENCES

Provide the names and addresses of two (2) references unrelated to you, who will certify as to your good character and business responsibility.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## DESIGNATED AGENT

Provide the name, address and phone number of a resident of Prince George's County, Maryland, designated by you as being authorized to accept all lawful processes in any action or proceeding instituted, filed, or pending against you with respect to any of the provision of Subtitle 5, Division 12 of the Prince George's County Code.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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## SECTION F — NOTARY

**I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, IN THE PRESENCE OF A NOTARY PUBLIC, THAT THE MATTERS AND FACTS SET FORTH IN THIS APPLICATION ARE TRUE TO THE BEST OF MY BELIEF, INFORMATION AND KNOWLEDGE.**

Date: \_\_\_\_\_

Signature of Applicant

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_