

PUSHCART PERMIT APPLICATION

			DATE SUBMTTED	
A D D L L C A N.T. L N. F. O D M.	LTLON		DATE SUDIVITIED	
APPLICANT INFORM	ATTON	DUCINIC	C NAME (If 1966, and I	
NAME		ROSINES:	SS NAME (If different)	
ADDRESS				
CITY	STATE	ZIP	PHONE	
PROJECT INFORMATI	ON			
ITEMS TO BE SOLD FROM PUSHCART		HOURS C	HOURS OF OPERATION	
		DAYS OF	DAYS OF OPERATION	
CITY BUSINESS LICENSE NUMBER		COLINITY	' HEALTH PERMIT NUMBER (if applicable)	
CITY BUSINESS LICENSE INDIVIDEN		COUNT	TEALTH FERIVITI NOIVIDER (II applicable)	
PROPERTY OWNER SIGNATURE		DATE		
(Authorization for placement of pushcart)		DAIL		
ATTACH THE FOLLOWING REQUIRED D	OCHMENTS:			
Dimensioned detail of the pushcart and kiosk, if applicable				
Site plan				
Copy of Orange County Health Permit, if applicable				
FOR OFFICE USE ONLY				
FOR OVICE OFF OVER				
CASE	NUMBER		EXPIRATION DATE	
STAFF APPROVAL			DATE	