COMMUNITY DEVELOPMENT
Planning & Development Services

PUSHCART PERMIT APPLICATION

DATE SUBMTTED

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