



LICENSE APPLICATION CURB MARKET

Follow Instructions listed on Instruction Sheet
For further information call (215) 686-8686

DEPARTMENT OF LICENSES AND INSPECTIONS
CUSTOMER CARE UNIT, PUBLIC SERVICE CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102-1687

USE A SINGLE CHECK OR MONEY ORDER FOR ALL FEES,
PAYABLE TO "CITY OF PHILADELPHIA"

1. NAME OF OWNER	2. BUSINESS TELEPHONE NUMBER
3. LOCATION OF LICENSED ACTIVITY (INCLUDE ZIP CODE) ZIP CODE	
4. PHILADELPHIA BUSINESS INCOME AND RECEIPTS TAX NUMBER	5. PHILADELPHIA COMMERCIAL ACTIVITY LICENSE NUMBER
6. DATE ACTIVITY STARTED MONTH / DAY / YEAR	
7. DESCRIPTION OF CART / STAND	

MUST BE A RESIDENT OF PHILADELPHIA

8. LICENSE TYPE	LIC. FEE	LIC. CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> CURB MARKET	\$ 300.00	3271	AUGUST 31	
<input type="checkbox"/> FOOD ESTAB. (RETAIL, NON PERM)	\$ 150.00	3112	APRIL 30	
<input type="checkbox"/> COMMERCIAL ACTIVITY LICENSE	\$ 300.00	3702	NONE	
<input type="checkbox"/> SCALES	\$ 25.00	3822	SEPTEMBER 30	
<input type="checkbox"/> FARMERS MARKET	\$ 300.00	3712	DECEMBER 31	
<input type="checkbox"/>				

TOTAL FEES.....\$ _____ SPACE NUMBER _____

HEALTH APPROVAL ATTACHED

9. OWNER INFORMATION (PRINCIPALS OR PARTNERS, PRESIDENT, SECRETARY, & TREASURER)

NAME	TITLE	HOME ADDRESS (INCLUDE ZIP CODE; P.O BOX NOT ACCEPTABLE)

10. APPLICATION CERTIFICATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any licenses as a result of my false application, and such other penalties as may be prescribed by law.

Applicant Signature _____ Date _____

OFFICE USE ONLY	PREREQUISITES (LIST THOSE CHECKED DURING PROCESSING)			STREET CODE _____
	REMARKS:			
	<input type="checkbox"/> APPROVED <input type="checkbox"/> REFUSED			
	HEALTH _____	REVIEWED BY	NUMBER	DATE
COMMENTS				