



# LICENSE APPLICATION CURB MARKET

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

**WHEN COMPLETED, MAIL TO:**

**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) <span style="float:right">ZIP CODE</span>	
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 \_\_\_\_\_

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