



Montgomery County Department of Permitting Services

2425 Reedy Drive, 7th Floor
Wheaton, Maryland 20902
Phone: 240-777-0311

DPS.Vendor-License@montgomerycountymd.gov

www.montgomerycountymd.gov/DPS/Services/licenses.html



Application for Vendor's License

A vendor's license is required in Montgomery County. It is unlawful for a person to sell, offer to sell or solicit orders for goods (including perishable foods) or services on any public street, sidewalk, other public right-of-way, door-to-door, in a vehicle, on foot, or from a vehicle or temporary stand or structure located on private property without a vendor's license unless you are with a charitable organization as defined in State Law, Business Regulation Article 6-101.

Montgomery County does not have jurisdiction to issue a vendor's license for properties located in the city limits of Gaithersburg, Rockville and Takoma Park. Please contact those municipalities directly.

A. Application

1. This fillable application must be typed. The completed application with signed affidavits for all vending activities and supporting documents must be emailed together to: DPS.Vendor-License@montgomerycountymd.gov
2. Payments must be made online via electronic check or credit card. DPS will not accept mailed applications or paper checks.
3. An asterisk (*) means the information is required for this application.

B. Required Supporting Documents

SITE SPECIFIC VENDOR IN PUBLIC RIGHT OF WAY (only applicable in central business district and agricultural produce).

1. Photocopy of a driver's license/government issued ID for each operator.
2. One primary operator can have six (6) additional operators (secondary operator).
3. Proof of valid motor vehicle registration/license and insurance.
4. A vicinity or tax map showing the location of the vending activity and the distances from intersection, traffic control devices and the paved edge of the roadway.
5. Food handler ID card and inspection report issued by the Montgomery County Department of Health and Human Services (HHS). (Applicable for food or other items as determined by HHS).
6. Signed copy of Agricultural Producer Certificate and Survey. (This is issued by the Montgomery County Office of Agriculture, 18410 Muncaster Road, Derwood, MD 20855. Their website is www.montgomerycountymd.gov/agservices.)
7. Proof of \$500,000 liability insurance (as the certificate holder).
8. All other documents including drawing of motorized cart and other supporting documents required for sidewalk vending.

SITE SPECIFIC VENDOR ON PRIVATE PROPERTY

1. Must include all documents listed under site specific vendor in public right-of-way.
2. Written approval /authorization from property owner to park on property.

REGULAR ROUTE VENDORS

1. Photocopy of driver's license/government issued ID for each operator.
2. Proof of valid motor vehicle registration/license and insurance.
3. Food handler ID card and inspection report issued by the Montgomery County Department of Health and Human Services (HHS). Applicable for food or other items as determined by HHS.

DOOR TO DOOR VENDORS

1. Photocopy of driver's license/government issued ID for each operator.
2. Submit bond in amount of \$1,250 for any future delivery.

C. License Information

New License

Renewal License: License No: Contact I.D. No:

D. Type of License

Door-to-Door Vendor

Regular Route Vendor

Sidewalk Vendor / Pushcart

Agricultural Producer

Site Specific Vendor

E. Location of Vending for Site Specific Vendors and Agricultural Producer

Address:

City: Zip Code:

F. Applicant Information

*Name of Applicant:

*Daytime Phone Number:

*Address:

*City:

*State:

*Zip:

*Email Address:

*Business Name:

*Business Phone Number:

*Contact Person:

*Phone Number:

G. Vending Location

Name of Cross Street:

Zone:

Types of Goods Being Sold:

Number of Operators:

Days of the Week:

Hours of Operation: From: a.m. p.m. To: a.m. p.m.

CHECK THOSE THAT APPLY BELOW

- | | | | |
|-------------------|-------|-----------------------------|------------------|
| Right of Way | Signs | Vehicle | Private Property |
| One Day License | | Agricultural Cert. Required | |
| Sixty Day License | | Health Department | |
| One Year License | | Bond | |

H. Affidavits

I hereby declare and affirm under the penalty of perjury, that all matters and facts set forth in the vendor license application are true and correct to the best of my knowledge, information and belief. I agree to comply with Chapter 59, and the regulations of Chapter 47 of the Montgomery County Code, as amended, to take whatever action is required by the Department to bring the vendor operation into compliance if complaints of noncompliance are received and verified.

*Signature of Applicant

*Date

*Printed Name of Applicant

I hereby declare and affirm, under the penalty of perjury that:

1. I have read and understand Chapter 47 of the Montgomery County Code and the Executive Regulations, and I have been provided access to a copy of these documents.
2. I understand the conditions applicable to _____ vending activity.
3. I agree to abide by all the rules and procedures set forth in these documents.

*Signature of Applicant

*Date

*Printed Name of Applicant

HOLD HARMLESS AFFIDAVIT FOR THE PUBLIC RIGHT OF WAY – The contractor is responsible for any loss, personal injury, death and any other damage (including incidental and consequential) that may be done or suffered by reason of the contractor’s negligence or failure to perform any contractual obligations. The contractor must indemnify and save the County harmless from any loss cost, damage and other expenses, including attorney’s fees and litigation expenses, suffered or incurred due to the contractor’s negligence or failure to perform any of its contractual obligations. If requested by the County, the contractor must defend the County in any action or suit brought against the County arising out of the contractor’s negligence, errors, acts or omissions under this contract. The negligence of any agent, subcontractor or employee of the contractor is deemed to be the negligence of the contractor. For the purpose of this paragraph, County includes its boards, agencies, agents, officials and employees.

*Signature of Applicant

*Date

*Printed Name of Applicant

OFFICE USE ONLY

Issued Contact I.D. No:

Approved:

Date:

Disapproved:

Revoked:

Notes: