

TOWN OF CAMERON, NC

FOOD VENDOR PERMIT

Fee: \$ _____	Date Paid: _____	Permit #: _____
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Business name: _____

Food Truck: _____

Food Trailer: _____

Food Cart: _____

Business owner: _____

Mailing address: _____

Email: _____

Phone: _____

ADDITIONAL DOCUMENTATION REQUIRED:

1. \$_____ permit fee per set up.
2. NC Health Department Food Vending Permit
3. Most recent Inspection Report
4. North Carolina Sales and Use Certificate

Please note: **The food truck, trailer or cart may not remain on any authorized property beyond the permitted hours of operation.**

Date: _____

Property Owner

Business Owner

APPROVED: _____

Town of Cameron Zoning Official

TOWN OF CAMERON 247 CARTER ST., P O BOX 248 CAMERON, NC 28326
cameornnc@townofcameron.com or 910-245-3212