



**Vendor Application for  
Annual Remote Food Sales Permit  
in Charlestown**

Name of Vendor:

Name of Principal (if business entity):

Address:

Phone Numbers:

Cell

Work

Other

Email Address:

Describe the products that you sell:

Describe what you sell your products on (truck, trailer, cart, etc.):

Make/Model of Vehicle (if applicable):

IN Number of Vehicle (if applicable):

Name of Commercial General Liability Insurer:

Policy Number for Commercial General Liability Insurance:

Clark County Health Department Food Permit Number:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Please include the following with your permit application: (1) Payment (\$100.00 plus \$50.00 for each subsequent vehicle used), (2) Consent to Criminal Background Check, (3) Proof of Commercial General Liability Insurance, (4) and Permit from Clark County Health Department

Please return this Application to:  
Charlestown Building Commissioner  
304 Main Cross Street  
Charlestown, IN 47111

## Additional Vehicles/Employee Addendum

If you plan on using more than one vehicle in your remote food sales operation in Charlestown, please list all additional vehicles here:

Make/Model of Vehicle: \_\_\_\_\_

VIN Number of Vehicle: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_

VIN Number of Vehicle: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_

VIN Number of Vehicle: \_\_\_\_\_

List any person(s) other than the principal business operator that will be driving, working or otherwise employed.

Name of Employee: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

**\*\*All person(s) driving, operating, working or otherwise employed to perform work from the listed vehicles must have a background check prior to any sales taking place\*\*\***