



RE: Food Truck / Trailer Vendor Requirements for the Town of Varnville

Procedure: Fees required include a Business License and Special Event Vending Permit

Business License: The initial fee for a first-time application is \$40. This license is valid for one fiscal year, from April 30 to April 30.

Special Event Vending Permit: The fee is calculated based on daily occupancy rates. It is \$75 per day for the first two days, and \$50 per day thereafter.

Fees must be paid in advance, ideally 10 days prior to the event. No refunds will be issued. The payment of ALL fees should be made at Town Hall through the Clerk or Administrative Assistant. Please remit payment with your application, in person or by mail. (see below)

Access the application packet at our website, www.varnville.sc.org, under the "FIND-IT-FAST" section. Email your complete packet to admin@varnville.sc.gov -or- mail to Town of Varnville PO Box 308 Varnville, SC 29944.

Once we receive your application and payment, your business license and special event permit will be mailed to you. Each Should be displayed on your unit in s conspicuous place for inspection.

Utilities Offered on site: Food Truck / Trailer Vendor spaces are provided with water and electricity including a 20-, 30- and 50-amp outlet. No sewer is available. Generator use is discouraged. However, if you choose to use a generator it must meet exceptionally quite standards.

Receptacles 20-, 30- and 50-amp outlet.



Restrictions: Vendors may choose to disembark or unhook from their food trailers, but it is not mandatory. Parking between the Food Truck / Trailer and the Railroad or between the Palm / Palmetto trees is not permitted.

Vendors are required to serve from designated units and cannot use standing tents, flat beds, pick-up trucks, or makeshift units.

Town of Varnville

SPECIAL EVENT/VENDING PERMIT

Food Concession Truck / Trailer Vendor Application

TOWN OF VARNVILLE
P O BOX 308
95 PALMETTO AVENUE EAST
VARNVILLE, SC 29944
Phone 803-943-2979; (FAX) 803-943-4263

PERMIT No. _____

Applicant Name: _____

Business name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SC Sales tax # _____

CONTACT PERSON (s) _____

Mobile number: _____ E-Mail : _____

TYPE OF UNIT AND LENGTH (Describe) _____

WILL ALCOHOL BE SERVED? ____ YES OR ____ NO (IF YES, VENDOR MUST PROVIDE A STATE ISSUED LICENSE)

WHAT TYPE OF CONCESSION / FOOD TO BE SERVED?

FEE SCHEDULE: Business License - Initial fee is \$40 (This license is valid for 1 fiscal year, April 30-April 30)

-Special Event Vending Permit Food Concession Truck / Trailer Vendor Fee is based on a daily occupancy rate of \$75 per day for the first 2 days, \$50 per day thereafter.

Business License : \$40.00

\$75 X _____ Days =

\$50 X _____ Days = _____

Total Due: \$ _____

VENDOR REP. / SIGNATURE DATE

TOWN OF VARNVILLE / SIGNATURE DATE

BUSINESS LICENSE APPLICATION

Return Application to:

TOWN OF VARNVILLE
P.O. BOX 308
VARNVILLE, S.C. 29944
(803) 943-2979

MUST BE COMPLETED & RETURNED PRIOR TO :

1. MAILING NAME AND ADDRESS

PLEASE TYPE OR PRINT WITH A BALL POINT PEN

2. CHECK ONE <input type="checkbox"/> Renewal <input type="checkbox"/> Amended <input type="checkbox"/> New _____ (date) <input type="checkbox"/> Closed _____ (date)	CHECK ONE <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Home Occupation
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3. GROSS RECEIPTS : ENTER GROSS RECEIPTS FOR YEAR JUST ENDING (JAN-DEC). THIS AMOUNT IS CONSIDERED AN ESTIMATE FOR UPCOMING YEAR. AN ADJUSTMENT FOR PREVIOUS YEAR WILL BE MADE ON YOUR BILL. \$ _____
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4. PRINCIPLE LINE OF BUSINESS _____ OTHER LINES OF BUSINESS AT THIS LOCATION _____

5. I (name) _____ being the (title) _____ of the business firm named, do hereby register and apply for an occupational tax certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete. _____ SIGNATURE LICENSE IS NON-TRANSFERABLE. INEFFECTIVE UPON CHANGE OF OWNERSHIP.

TOWN OF VARNVILLE	
LICENSE NUMBER	BUSINESS TYPE
RATE CODE	FEDERAL ID

6. BUSINESS NAME AND LOCATION

7. PHONE NUMBER AT THIS LOCATION (Please enter number if this section is blank)
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8. OWNERS, PARTNERS, OFFICERS, ETC. (use separate sheet if needed) <input type="checkbox"/> No Change Name _____ Home Address _____ Home Phone _____ Drivers Lic # _____ Title _____

9. INFORMATION REMINDER: IF YOUR BUSINESS IS LOCATED WITHIN THE TOWN LIMITS OF VARNVILLE AND IS OPEN, YOU ARE STILL RESPONSIBLE FOR PURCHASING A LICENSE, EVEN IF YOUR GROSS RECEIPTS WERE (0) ZERO. PENALTIES 1ST PENALTY 25% APPLIED APRIL 16TH 2ND PENALTY 15% APPLIED MAY 16TH

10. BUSINESS / MAILING NAME AND ADDRESS CORRECTIONS <input type="checkbox"/> No Change _____ _____ _____ _____
