

WEST RUTLAND VENDOR PERMIT APPLICATION

A \$50 PERMIT FEE IS REQUIRED

NAME: _____ Date of Birth ____/____/____

BUSINESS NAME: _____

NATURE OF BUSINESS TO BE CONDUCTED IN TOWN: _____

LOCATION APPLICANT WILL BE CONDUCTING BUSINESS IN TOWN: _____

DATE BEGIN: _____ DATE END: _____

PERMANENT ADDRESS: _____

BUSINESS ADDRESS: _____

If business will be conducted from a particular location, provide written consent from property owner.

EMAIL ADDRESS: _____ PHONE NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED BY: _____ EXPIRATION DATE: ____/____/____

PHYSICAL DESCRIPTION OF APPLICANT(S) COVERED BY THIS PERMIT

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

LIST ANY OTHER PEOPLE INVOLVED WITH THIS BUSINESS: _____

DESCRIPTION OF ALL VEHICLES TO BE COVERED BY THIS PERMIT

MAKE: _____ MODEL: _____ YEAR: _____ PLATE #: _____ STATE: _____

MAKE: _____ MODEL: _____ YEAR: _____ PLATE #: _____ STATE: _____

PROOF OF VEHICLE INSURANCE PROVIDED: YES [] NO [] POLICY NUMBER: _____

INSURANCE COMPANY: _____

LAST LOCATION (MUNICIPALITY) OF SUCH BUSINESS: _____

List all administrative & enforcement actions against the permit applicant and/or employer concerning commerce, the conducting of business, or sale of services, goods, wares, merchandise, personal property or any other thing regulated by this Ordinance and, if no longer pending, the outcome or resolution thereof:

ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE

APPLICANT SIGNATURE: _____ **DATE:** _____

THIS SECTION FOR ADMINISTRATIVE USE ONLY - PERMIT # _____	
LICENSE FEE PAID BY: CASH _____ CHECK _____ CHECK #: _____	LICENSE EXPIRES: ____/____/____
APPROVED: _____ DENIED: _____ REASON FOR DENIAL: _____	
APPROVED BY: _____	DATE: _____
CONDITIONS OF APPROVAL (IF ANY): _____	

