APPLICATION FOR VENDOR LICENSE

***APPLICATION MUST BE RECEIVED FIVE (5) BUSINESS DAYS PRIOR TO EVENT**

1. Name (include all previous names used):
2. Owner of Company/Business:
3. Permanent Home or Business Address:

City: State Zip:

4. Phone Number: 5. Cell Number: 6. Email:
7. Address While In Warren (if applicable):
8. Location: ☐ Permanent ☐ Mobile
9. Identification (Drivers License No: Other

10. Merchandise to be sold (**Please Be Specific).** If vending food, you are also subject to Retail Food License requirements.

11. Date, Hours, and Location(s) where you will be selling the above merchandise:

12. **Certificate of Insurance is attached (if applicable): ☐ Yes ☐ No

The information I have provided in this application and attachment(s) are true and correct to the best of my knowledge. I understand that the permit can be revoked and all fees forfeited and my permit terminated for falsification of information or failing to comply with all state or local laws.

13. Signature of Applicant

14. Date

Please Note:

* An application must be completed and fee (per day) paid for EACH Vendor. Applications received less than five (5) business days will be assess a late charge.

** Certificate of Insurance is required for persons wishing to occupy any City Street, Alley, Sidewalk, or Public Ground with any stand or vending cart. Please attach to application.

Official Use Only

☐ Approved ☐ Rejected

By

Date

Issued By:

Date

Fee Collected $ Date Paid

Vendor License Number