TOWN OF BRATTLEBORO, VERMONT
APPLICATION FOR VENDOR'S LICENSE

NOTICE: This application must be submitted to the Town Manager's Office, 230 Main Street, Room 208, Brattleboro, VT 05301 for review. Said review period *may* take up to thirty (30) days. (Brattleboro Town Ordinances, Ch. 11, Art. II, Sections 11-21 through 11-35). Vendors please note: you may also be required to fill out a Commercial Zoning Permit – check with the Planning Department, 802-251-8154, to find out if this pertains to you.

1. Applicant's Name _____ Telephone: _____
   Home Address: _____ Cell: _____
   Mailing Address (if different): _____ E-mail address: _____

2. Organization's Name _____ Telephone: _____
   Street Address: _____ Cell: _____
   Mailing Address (if different): _____ E-mail address: _____

3. Brief Description of Goods to be Sold/Subject Matter of Solicitation: _____

4. Operating Location(s)*: _____ *Note: Site plan approval may be required. Check with Planning Office.*
   ***Attach written Permission of property/business owner** Business telephone: _____

5. Dates of Operation: _____ Hours: _____

6. Brief Description (if applicable) of Cart/Stand/Vehicle from which sales will be conducted (include Vehicle License Plate Number and State Registered in): _____
   _____

7. Sales & Use Tax No. issued by Vermont Dept. of Taxes, 109 State Street., Montpelier, VT 05602 (802-828-2501) _____
   NOTE: Food sales may also require Vermont Board of Health License. Contact Emily Jarecki at (802)-885-8927.

8. Signature: I have read Chapter 11, Article II, Sections 11-21 through 11-35, of the Brattleboro Code of Ordinances, 1972 as amended, "Licenses and Permits", and agree to abide by the requirements contained therein.

_____
Applicant's Signature Date

Approved _____ Denied _____	Approved _____ Denied _____
Restrictions/Comments: _____	Restrictions/Comments: _____
_____	_____
By: _____ / _____	By: _____ / _____
Police Chief *Date*	*Health Officer* *Date*

9. Fee:
   _____ $100.00 annual, Vendor (Paid _____)
   _____ $50.00 month, Vendor (Paid _____)

(Local Non-Profit Organizations only):
IRS Tax Exemption Number: _____

APPROVED: _____ _____
Town Manager Date