



Vendor's License Application Form



Full Contact Name(s) (applicant name, business name, organization name):

Contact Information:
Contact Number(s): _____
Address: _____
Email: _____
Date of Application: _____

Resident of the Town of Shelburne? **Yes** **No**

Vending Description (goods and/or services being vended):

Intended Location of Vending: (civic # or general location description)

OR

Door to Door

Seeking Permission to Conduct Vending on Public or Private Land

- OFFICE USE ONLY -

Provided photo identification: **Yes** **No**

Copy of Vending By-Law provided:

Approved Not Approved

Date Issued: _____

Authorized By: _____

Vendor Signature: _____