



## Town of Springdale Vendor Permit Application

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Goods sold: \_\_\_\_\_

Preferred locations: \_\_\_\_\_

Permit (Please check)

a) Regular Permit

Daily (\$25)

Seasonal (\$80)

Annual (\$150)

\* If seasonal permit obtained, indicate here any extensions granted  
(@ \$20/month):

\_\_\_\_\_  
\_\_\_\_\_

b) Student Permit (No charge)

c) Other

Office Use Only

Permit Approved \_\_\_\_\_

Date Approved \_\_\_\_\_

Permit Number \_\_\_\_\_