

# Town of Fairfax



12 Buck Hollow Road  
Fairfax, VT 05454  
(802) 849-6111

## Mobile Vendor Permit

License # \_\_\_\_\_

Date Received: \_\_\_\_\_

### APPLICANT INFORMATION

1. Applicant Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Driver's License state and #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Have you ever been convicted of any crime or municipal ordinance violation? \_\_\_\_\_

If yes, please include a description of the offense and penalty assessed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BUSINESS INFORMATION

8. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Employee Names (maximum 2)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

10. Nature of business or goods to be sold

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

11. Proposed Location(s) of business

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

12. Landowner Contact \_\_\_\_\_ Phone # \_\_\_\_\_

13. Requested Start Date for Permit \_\_\_\_\_

Requested End Date for Permit \_\_\_\_\_

Hours of Operation \_\_\_\_\_

14. Vehicle (Make/model/year) \_\_\_\_\_

License Plate # \_\_\_\_\_

15. Stand/Cart (Description w/dimensions) \_\_\_\_\_

\_\_\_\_\_

16. Is this business registered with the Secretary of State?      Yes      No

Tradename \_\_\_\_\_

Sales and Use Tax Number \_\_\_\_\_

LICENSE FEE (circle one)

One time permit \$75.00

Yearly permit \$100.00

(\$25.00 renewal fee prior to expiration)

\*Annual year runs from July 1<sup>st</sup> through June 30<sup>th</sup>

ADDITIONAL DOCUMENTATION

This application must be accompanied by the following items for consideration:

- a) Personal identification of applicant and any employees to operate the business
- b) Proof of liability insurance for personal injury or property damage workers
- c) Photograph of stand, cart, or vehicle being used for business activity
- d) A parking plan
- e) If vending food, a current license from the Vermont Department of Health
- f) Payment of licensing fee

SIGNATURE AGREEMENT TO LISTED REQUIREMENTS

Applicant Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner Signature (if fixed location): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_