

2019 Clarenville Days- Vendor/Concession Permit Application

To be filled out by applicant:

NAME: _____ DATE: _____

ADDRESS: _____ PHONE #: _____

BOOTH/CONSESSION DETAILS: (Power Requirements, Water Requirements, Prizing, Booth Size, etc)

NAME OF ORGANIZATION OR COMPANY:

CONCESSION APPLIED FOR:

For office use only

Date Received:

Permit NO:

Date Approved:

Concession Fee:

Date Issued:



Clarenville Days CONCESSION PERMIT

PERMIT NO.	DATE ISSUED
VALID FROM:	TO:

APPLICANT	MAILING ADDRESS	PHONE NO.
-----------	-----------------	-----------

DESCRIBE CONCESSION

OFFICE REMARKS

Applicant's Signature

Authorization