



VENDOR PERMIT APPLICATION FORM

TOWN OF CLAREVILLE

99 Pleasant Street, Clareville NL A5A 1V9

Phone: (709) 466-7937 Fax: (709) 466-2276 Email: publicworks@clareville.ca

CONTACT INFORMATION

Business Name: _____ Date: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

Street Address

Unit #

City

Province

Postal Code

VENDOR INFORMATION

Proposed Location(s): _____

Street Address

Property Owner's Name: _____

Description of unit (eg. stand/vehicle): _____ Number of Unit(s): _____

Description of Sales (eg. food/retail): _____

Proposed Duration: ONE DAY ONE MONTH ONE SEASON ONE YEAR

From Date

To Date

The following must accompany this application:

1) **Required Approvals:**

Written letter of permission from property owner (if other than applicant)

2) **Payment of Applicable Fees:**

\$10.00 daily rate (24 hours), \$15.00 monthly rate (31 days), \$25.00 seasonal rate (four months), \$150.00 annual rate (12 months)

APPLICANT SIGNATURE OF AGREEMENT

I hereby acknowledge that I have read this application, state the information herein is correct and will not commence business occupancy until approval has been received by the Town.

Signature: _____ Date: _____

OFFICE USE ONLY

PERMIT FEE

\$

CUSTOMER CODE

Public Works Approval