

Town of Clarenville
 99 Pleasant Street
 Clarenville, NL
 A4A 1V9

left (709) 466-7937

(709) 466-2276

publicworks@clarenville.ca

www.clarenville.ca

APPLICATION - Vendor Permit

CONTACT INFORMATION						
Business Name:	:			Date:		
Mailing Address:	Street Address			Phone:		
	City/Town	Province	Postal Code	Email:		
VENDOR INFORMATION						
Proposed Location	on(s):	Street Address				
Property Owner's Name:						
Description of Un (eg. Stand/Vehicle)	it:					
Description of Sales: (eg. food/retail)						
Proposed Duration:		One Day	One Month		One Season	One Year
		Sta	rt Date	to	End Do	ate
REQUIRED APPROVALS						
 Written letter of permission from Property Owner (if other than applicant) Payment of applicable fees 						
FEE SCHEDULE						
\$10.00 \$15.00 \$25.00 \$150.00	Month Seasor	ate (24 Hours) ly Rate (31 Days) nal Rate (4 Months) l Rate (12 Months))			
DECLARATION						

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.

Signat**ur**e

Date

 FOR OFFICE USE ONLY

 PERMIT FEE

 \$

 CUSTOMER CODE

 Public Works Approval