

**TOWN OF MANCHESTER, VERMONT
VENDOR LICENSE APPLICATION**

**6039 Main Street
Manchester Center, VT 05255
(802) 362-1313**

PLEASE PRINT CLEARLY. THIS APPLICATION SHALL NOT BE ACCEPTED IF IT IS NOT COMPLETED IN FULL.

Application Date: ___/___/20___

I.	APPLICANT'S NAME	BUSINESS NAME (D/B/A)		
	STREET/MAILING ADDRESS	CITY or TOWN	STATE	ZIP
	PHONE NUMBER	CELL PHONE NUMBER		
	E-MAIL	PROPOSED VENDING LOCATION/ADDRESS (INCLUDE PARCEL NUMBER)		
II.	License Class Requested (check one)			
	Food & Beverage ONLY	<input type="checkbox"/> Chapter 9.5.1 – Class I Vendor: not more than 100 sq. ft & 2 employees May 1 to October 31 ONLY FEE \$400.00		
		<input type="checkbox"/> Chapter 9.5.1 – Class I Vendor: not more than 100 sq. ft. & 2 employees January 1 to December 31 FEE \$600.00		
		<input type="checkbox"/> Chapter 9.5.2 – Class II Vendor: not more than 200 sq. ft. & 3 employees January 1 to December 31 FEE \$1,000.00		
		<input type="checkbox"/> Chapter 9.5.3 – Class III Vendor (Farmers' Market) FEE \$400.00		
		<input type="checkbox"/> Chapter 9.5.4 – Class IV Vendor: Weekend Event; not more than 4 days or more than twice a year Indicate dates of event: ___/___ to ___/___ \$20.00 per vendor * ___ (# of vendors), but not less than \$400 or more than \$1,000 FEE: \$ _____		
		<input type="checkbox"/> Chapter 9.6.1 – Non-Profit 501 (c)(3) Event (attach proof of 501 (c)(3) status) Once a year event; not more than 5 days: ___/___ to ___/___ FEE set by Selectboard		
		<input type="checkbox"/> Chapter 9.6.2 – Town Sponsored Event: ___/___ to ___/___ FEE set by Selectboard		
III.	ALL VENDORS: Attach plot plan of area to be used for vending. Plan shall include roads, parking, driveways, adjacent buildings, green space, etc. and distances to adjacent property, curb cuts and roadways.			
IV.	ALL VENDORS: Attach description (including height, width, length, color) and registration number (if applicable) of vehicle, trailer or cart to be used, if any. Please attach color photograph.			
V.	ALL VENDORS: Attach written authorization from the landowner upon whose property the vendor proposes to conduct business. (Chapter 9.4.4).			
	ALL VENDORS: Are you planning to operate within 10 feet of an adjacent property line? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach written authorization from adjacent property landowner. Selectboard approval required. (Chapter 9.4.14)			
VI.	ALL VENDORS: Are you planning to use free-standing signage that is not attached to your vending equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach proposed copy of signage and indicate on plot plan the location of such signage (Selectboard approval required). (Chapter 9.4.6)			
VII.	ALL VENDORS: Attach valid proof of liability insurance coverage of \$1,000,000 overall. (Chapter 9.4.8)			
VIII.	ALL VENDORS: Attach copy of State of Vermont "Meals and Rooms Tax License" or "Sales Tax License" for each vendor, if applicable. (Chapter 9.4.18)			
IX.	CLASS III (FARMERS' MARKET) AND CLASS IV (WEEKEND FESTIVAL) APPLICANTS ONLY: Attach complete proposed vendor list with name, address, telephone numbers and merchandise to be vended.			

LICENSES ARE APPROVED BY THE SELECTBOARD. APPLICANTS ARE ADVISED TO APPLY ONE MONTH IN ADVANCE.

THE TOWN OF MANCHESTER ISSUES LICENSES, WHICH ARE NOT PERMITS AND MAY BE REVOKED OR WITHHELD. VENDING LICENSES ARE NON-TRANSFERABLE. VENDORS SHALL SEEK AND OBTAIN SELECTBOARD APPROVAL EACH TIME THE VENDOR PROPOSES TO RELOCATE TO ANOTHER PARCEL OR PROPOSES NEW EQUIPMENT, TRAILER OR CART.

UNDER PAINS AND PENALTIES OF PERJURY I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE. I UNDERSTAND THAT IF I FALSIFY ANY INFORMATION, MY LICENSE MAY BE REVOKED AND FUTURE LICENSES WILL BE DENIED.

I HAVE BEEN SUPPLIED A COPY OF CHAPTER 9 AND HAVE READ CHAPTER 9 OF THE TOWN ORDINANCES, AS APPROVED BY THE SELECTBOARD ON SEPTEMBER 29, 2009, AND AGREE TO ABIDE BY ALL THE CONDITIONS AND RESTRICTIONS OF CHAPTER 9.

Applicant Signature

Date

FOR TOWN USE ONLY

Recommendations/Comments:

- Town Manager: _____
- Planning and Zoning: _____
- Chief of Police Department: _____
- Development Review Board: _____
- Planning Commission: _____

Design Review Board Color Approval: _____

Selectboard Decision: _____ Approved; _____ Denied; _____ Approved with conditions (see below)

- a) _____
- b) _____
- c) _____
- d) _____

Date: ____/____/____

Town Manager's Signature: _____

<p>Cash or Check: Ck # _____</p> <p>Amount received: \$ _____</p> <p>Date received: _____</p> <p><input type="checkbox"/> License issued <input type="checkbox"/> Copy to Police Dept</p>
