

APPLICATION FOR ITINERANT VENDOR PERMIT



Village of Manchester, Vermont

PO Box 482
Manchester, VT 05254-0482
(802) 362-1515
villageofmanchester.com

**THIS APPLICATION MUST BE RECEIVED 45 DAYS PRIOR TO
THE START DATE**

Applicant: _____

Applicant's Address: _____

Business Name: _____

Email Address: _____

Phone: _____

Start Date and End Date (shall
not exceed six month): _____

Hours of Operation: _____

Employees: _____

Other Permits Required: _____

Supervisory Contacts:

Name: _____

Title: _____

Cell: _____

Describe Product, Merchandise, Wares or Services:

Describe Parking, Vehicle & Pedestrian Control:

Describe Lighting or Other Visibility Concerns/Issues:

Describe Signage to be Used*:

*One sign not to exceed six square feet, it may be two sided, displayed only during open hours, stored out-of-sight when the business is closed, no lighting, in a consistent location, but not in the right-of-way.

Additionally,

- Lettering with a historic precedent is preferred. Lettering, which is bold, harsh, and "trendy" is discouraged.
- An appropriate logo or artwork may be incorporated.
- Subdued colors are preferred.

This application is not complete without the following.

Certificate of Insurance. A Certificate of Insurance naming the Village of Manchester an additional insured shall be required. Minimum accepted coverage shall be \$1,000,000 of public liability insurance from an insurance carrier licensed to do business in the State of Vermont, or such other amount as determined by the Village Trustees.

Fee of \$50.00

A copy of the issued/approved permit shall be always on-site while the permitted use is occurring.

By my signature below, I attest that as an Itinerant Vendor I will be conduct my buisness in accordance with all Village of Manchester Ordinances, Bylaws and Regulations.

Signature of Applicant: _____ Date: _____

Approved: Approved with Conditions: Denied:

Conditions/Comments:

Date: _____

Village of Manchester, Administrative Officer