APPLICATION FOR ITINERANT VENDOR PERMIT

A 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:				

*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