



Town of Springdale Vendor Permit Application

Business Name: _____

Mailing Address: _____

Contact Person: _____

Tel: _____ Fax: _____

Goods sold: _____

Preferred locations: _____

Permit (Please check)

a) Regular Permit

Daily (\$25)

Seasonal (\$150)

Annual (\$350)

* If seasonal permit obtained, indicate here any extensions granted
(@ \$20/month):

b) Student Permit (No charge)

c) Other

Office Use Only

Permit Approved _____

Date Approved _____

Permit Number _____