



City of Plattsburgh
APPLICATION FOR A VENDORS PERMIT

Date: _____

Name of Applicant: _____

Address of Applicant: _____

If Corporation; name of: _____

Address of Corporation: _____

Telephone No. of Individual or Corporation: _____

Item(s) to be sold or services to be rendered: _____

Date of Sale: _____

Fee - \$60.00 per week (7 calendar days)

Certificate of Authority (Sales Tax) No: _____

If tax exempt, ID #: _____

At the time of application the following items must be presented: a copy of the certificate of authority, valid proof of insurance for the entire license period and must meet the liability guidelines set by the City. The policy shall provide that it may not be cancelled except upon 10 days written notice served upon the City. The insurance must name the City of Plattsburgh as an additional insured party.

Signature of Applicant: _____

License Issued By: _____

City Clerk/Date: _____