



Seasonal Vendor License Application

Initial Application

Renewal

Name of Applicant:

Permanent Address: Contact Telephone#:

Local Address: Local Telephone#:

Length of time for which the right to do business (event) is desired: *(see exhibit A)*

Address/Location where business (event) is to be conducted:

I certify, I have written permission from the Property owner:

Property Owner Name:

Applicant Signature:

State the nature, type, and quality of goods, wares, and/or merchandise to be sold or offered for sale by applicant in the municipality, and the cost of goods, wares, or merchandise.

Will the event deal/engage with/in food and or beverage vendors? *(Food Prep/Heating)* YES NO

*****If yes, a letter or certificate from the Department of Health stating compliance with all state health codes is required.**

Will the business require a sign or signs? YES NO if yes signage must comply with Exhibit A.

FOR CITY OF PELL CITY OFFICIAL USE ONLY

Application received by:

Date:

Application reviewed by:

Date:

Fire Marshall Approval:

Date:

Planning & Zoning Approval:

Date:

Reason for Rejection: