



VENDOR / CONCESSIONS / FOOD TRUCK PERMIT APPLICATION

VENDOR PERMIT APPLICATION

CONTACT INFORMATION (PLEASE PRINT – TO BE COMPLETED BY APPLICANT)

APPLICANT NAME:

OWNER NAME (IF DIFFERENT FROM ABOVE):

BUSINESS NAME:

MAILING ADDRESS:

POSTAL CODE:

PHONE:

EMAIL:

CELL:

BUSINESS DESCRIPTION:

DURATION OF BUSINESS – PLEASE INDICATE ONE OF THE FOLLOWING

DAILY / WEEKLY \$50

YEARLY \$150

APPLICANT SIGNATURE OF AGREEMENT

I HEREBY SUBMIT AND CONFIRM THAT THE INFORMATION SUPPLIED IS CORRECT. I AGREE TO COMPLY WITH ALL TOWN REGULATIONS AND BY-LAWS. THE TOWN OF BONAVISTA IS ABSOLVED FROM ANY FALSE OR MISLEADING INFORMATION THAT WAS GIVEN TO OBTAIN PERMIT.

IN ADDITION, I ACKNOWLEDGE THAT I HAVE REVIEWED THIS APPLICATION AND AGREE TO PROVIDE ANY ADDITIONAL INFORMATION REQUESTED.

APPLICANTS SIGNATURE

DATE

FOR APPROVAL – OFFICE USE ONLY

PERMIT #

PERMIT ISSUE DATE

RECEIPT #

APPROVAL BY CHIEF ADMINISTRATIVE OFFICER

DATE