

Description of Vehicle:

Make	Model	Year	License Plate #
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Proposed Location

Description of Cart/Stand to be Used

Below section to be completed by Municipal Officer only.

Date Permit Application Submitted: _____

Date Approved with any Conditions Noted Below: _____

Date Permit Denied with Reasons Noted Below: _____

Conditions or Reasons:

Attach a Certificate of Insurance naming the Town of Wallingford as additional insured (\$100,000 minimum) as required.

Authorized Municipal Signature: _____ Date: _____

All vendors/peddlers/solicitors must comply with local and state regulations/ordinances regarding the sale of goods, merchandise, foods etc. It is the vendor/peddler/solicitor's responsibility to obtain all necessary permits.
