## **SCHEDULE "A"**

## **Application for Vendor Permit**

Name_			
(Individual, C	corporation or	Partnership)	
Address			
Name			
(Но	older of Permi	t)	
Address			
Authorized Salespersons:			
Description of goods or food to be sold:			
D 11 (' C1 '			
Proposed location of business:			
Description of vending vehicle(s) or/and st	and (s) (include	de number):	
Downit issued buth a Comica NII.			
Permit issued by the Service NL:			(attach copy)
Term of Vendor Permit (Check one):	Daily		
Term of vendor remme (encor one).	•		
	Seasonal		
	Annual		
Signature of Applicant		<u></u>	

	Permit Number:		
	VE	NDOR PERMIT	
Permission is herel	by given to		to operate a
	(Percented Expenses (Percented From the follows)		
			- -
This permit is issue Carbonear Vendor	•	tions of any or all req	uirements of the Town of
This permit is in fo		day of	, until the 31st
This permit is not t	ransferrable.		
Dated this	day of		, 20
			Town Clerk
	Sale	spersons Certificate	
This is to certify th	at	of	
	(Name)		(Address)
is hereby authorize	d as a salesperson for	(D	11 )
		Permit H	older)
	ssued subject to the co ions related to vendors		of the requirements of the Town of
This certificate is i day of December for	n force from the	day of	until the 31st
This permit is not t	ransferrable.		
Dated this	day of		, 20
			Town Clerk

## SCHEDULE "C" Vendor Permit Fees

Daily Rate	\$20
Quarterly	\$150
Annual Rate	\$400
For vendors of Charles of \$20 will app	ristmas Trees that are Newfoundland grown, a seasonal permit bly.
Note: Revised 201	3