

City of Saint Albans, Vermont

Application for Peddler's License

NOTICE: This application must be submitted to the Saint Albans City Planning and Permitting office.

Date: _____

1. Applicant's Name: _____

2. Permanent Address: _____

3. City, State, ZIP: _____

4. Telephone Number: _____

5. Email Address: _____

6. Business Name: _____

7. Business Permanent Address: _____

8. Description of Goods or Business: _____

9. Desired Operating Location: _____

10. Names of Additional Employees:

11. Desired Dates of Operation: _____ Desired Times of Operation: _____

12. Description of Cart/Stand/Vehicle: _____

13. Vehicle License Plate: State: _____

14. Sales & Use Tax Number (if avail.) (Do not submit a Social Security Number): _____

REQUIRED: Provide a short description of your business and photos of your sales set-up, e.g. cart, table, etc. attached to this application.

Staff Use:

Fee: _____ (\$10 per license, plus \$5 per employee in excess of one [City Ordinances §1403])

Decision: _____

Director of Planning & Development: _____ Date: _____

City Clerk (Witness): _____ Date: _____