



TOWN OF KENNEBUNK NON-PROFIT STREET VENDOR LICENSE

APPLICANT(S) INFORMATION

Applicant's Name/Title: _____ Phone: _____

Applicant's Address: _____

Additional Group Member Name: _____ Phone: _____

BUSINESS INFORMATION

Group's Name: _____ Phone: _____

Group Affiliation: _____

Description of Goods/Foods to be sold: _____

Public Location being requested: _____

Event Date: _____ Event Hours: _____

Last Permit Issued: _____

I certify that all information contained herein is accurate and true; that we will operate according to the Kennebunk Peddler's Ordinance; and that proceeds from this sale will be used only for the benefit of the non-profit group named above.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Date

Town Official's Printed Name

Town Official's Signature

