

**Vendor License Application**

Application No \_\_\_\_\_ Today's Date \_\_\_\_\_  
Date of License \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_

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Description of product(s) to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Desired Location(s) to sell products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I, the undersigned, request the usage of public property as described above or have attached a signed consent by a property owner that the property owner/business approves of the vendor being outside that business.

\*My signature indicates that I have read, understand, and agree to all of the provisions and regulations for using said public property as detailed in the Village of Princeville Code Book.

\*I agree to provide proof of Licensing by the County Health Department where applicable or when requested. I also understand the fee for this application is as follows:

**Licenses for Street, Sidewalk Vendors.....\$50.00**

**Licenses for Street, Sidewalk Vendors in Conjunction with Special Event.....\$15.00**

\*My signature indicates that I have not been convicted of any criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction. If I have ever been convicted of a criminal offense, I have listed them on the back of this application with date and prosecuting jurisdiction.

\*Attach evidence of appropriate insurance coverage.

\*Additionally, I have attached a signed letter of consent from any and all business owners whose property is adjacent to the location(s) I intend to sell my product.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

\*\* This Vendor License is good for one day.

*(All confidential & personal information will be maintained in a confidential manner as required by law.)*

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**\*\*Validation Area\*\***

Date Received by Village Hall: \_\_\_\_\_ Fee Received: \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_