

VENDORS LICENSE APPLICATION

Date	of application _			
NAME OF BUSINESS				
ADDRESS OF BUSINESS				
	City	State	Zipcode	
	Telephone Number of Business			
OWNER NAME				
TYPE OF BUSINESS				
OWNER ADDRESS				
City		State	Zipcode	
Teleph	one Number			
		SE ONLY		
TOWN BUSINESS LICENSE NUMBER		DATE/FEE/RECEI	DATE/FEE/RECEIPT #	