

SACKETS HARBOR CAN- AM VENDOR PERMIT

Business Name _____ Owner _____

Address _____ Telephone _____

_____ Fax # _____

E-Mail/Website _____

Description of Cart/Stand (Attach photo) _____

Description of Goods (Attach menu) _____

Size of area needed _____

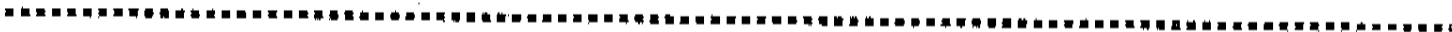
Electricity needed ____ Yes ____ No

Water needed ____ Yes ____ No

Names of operators _____

Permits required (Attach copies) _____

Signed _____ Date _____



Approved/Disapproved – Location _____

Conditions _____

Fee _____ Paid/Payable _____

Deposit _____ Paid _____

Signed _____ Date _____