

City of Portland
Office of the City Clerk
389 Congress St., Room 203
Portland, Maine 04101
(207) 874-8557 phone
(207) 874-8612 fax

Street Goods Vendor Application

Amount Due: \$30.00 Per Day **Paid:** Cash ____ Check ____ Charge ____

NAME OF EVENT _____

DATE OF EVENT _____

TIME OF EVENT (start to finish) _____

LOCATION OF EVENT: _____

Applicant Information

Business Name: _____

Business Address: _____

Applicant Name(s): _____

Home/Corp. Address: _____

Phone Number: _____ Message Phone: _____

Description of Setup: (table, cart, booth, etc.)

Items to be offered for sale: _____

Does the award of this license benefit any City employee? Yes ____ No ____

If yes, list name(s) and department(s) _____

I hereby certify that all statements made in this application are true. I agree and understand that any misstatements or omissions of material fact herein will result in refusal of license or revocation of license if one has already been issued.

Signature: _____

Date: _____