



Town of Skowhegan Parks & Recreation Department

**Special Event Vendor Application**

(Check all that apply)

Community Organization

Artisan Vendor

Retail Vendor

Food Vendor

Business Name: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please check one:  Profit  Non-Profit

Vending Request Date(s): \_\_\_\_\_

Set-Up Location: \_\_\_\_\_ Event: \_\_\_\_\_

Actual Event Time: \_\_\_\_\_

Vendor Set Up Time: \_\_\_\_\_ Vending Departure Time: \_\_\_\_\_

Do you have Vendor/Business Certificate of Insurance: \_\_\_\_\_ If yes, please provide

Do you have a vendor permit: \_\_\_\_\_

By signing this application. I hereby agree to abide by the rules and regulations with all regulatory codes and provisions as administered by the Town, Department, State & Local Officials.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Application Received \_\_\_\_\_

Board of Selectmen Meeting Date: \_\_\_\_\_ :

Vote: Approved

Disapproved