

# VENDOR PERMIT

TO SELL WITHIN THE CITY OF MOUNTAIN IRON

Applicant Name: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Type of Business: \_\_\_\_\_

For Profit: \_\_\_\_\_ Non Profit: \_\_\_\_\_ Other: \_\_\_\_\_

Full Business Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Location/Area Where Selling: \_\_\_\_\_

Dates/Times of Selling: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Health Department Number: \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_

(Need copy of proof of Insurance)

Fee for Selling: \_\_\_\_\_ (per City Ordinance).

Date(s) that Permit is Active : \_\_\_\_\_

THIS APPLICANT HEREBY CERTIFIES UNDER OATH THAT THIS INFORMATION IS CORRECT AS STATED.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Owner Signature (If applicable) Date

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Approved by City Administrator: \_\_\_\_\_ Date: \_\_\_\_\_