

**TOWN OF SELBYVILLE**

**APPLICATION  
VENDOR LICENSE**

**DATE** \_\_\_\_\_ **YEAR** \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

SOLE PROPRIETOR \_\_\_\_\_  
(NAME)

PARTNERSHIP: 1. \_\_\_\_\_ PHONE \_\_\_\_\_  
(NAME)  
2. \_\_\_\_\_ PHONE \_\_\_\_\_  
(NAME)  
3. \_\_\_\_\_ PHONE \_\_\_\_\_  
(NAME)

CORPORATION: PRESIDENT \_\_\_\_\_ PHONE \_\_\_\_\_  
(NAME)  
VICE PRES. \_\_\_\_\_ PHONE \_\_\_\_\_  
(NAME)  
TREASURER \_\_\_\_\_ PHONE \_\_\_\_\_  
(NAME)

BILLING ADDRESS: \_\_\_\_\_  
STREET \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

PLACE TO CONDUCT BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

**YOUR ISSUED LICENSE MUST BE DISPLAYED PROMINENTLY AT YOUR VENDOR BOOTH.**

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**OFFICE USE ONLY:**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
DATE DATE

FEE: \$5.00 \_\_\_\_\_  
DATE

DATE ISSUED \_\_\_\_\_