



# 4<sup>th</sup> ANNUAL SELBYVILLE TRUNK OR TREAT

**Saturday, October 19, 2024**

**10:00 a.m. - 2:00 p.m.**

**Selbyville Volunteer Fire Co. Parking Lot  
30 N. Main Street, Selbyville, DE 19975**

Please select one of the following:

Participant

Number of Vehicles/Make & Model: \_\_\_\_\_

Vendor (\$25 Fee - Fill out the application on the next page.)

Sponsor

Amount (circle one):    \$25    \$50    \$75    \$100    Other \_\_\_\_\_

Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

As a safety precaution, only distribute packaged candy or other non-food items such as stickers, pencils, erasers, etc.

**\*No baked goods, fruit, etc. Thank you.\***

Please submit this form to Loryn Rose by **Friday, October 11, 2024.**

Additional information will be sent out via email the week of October 14, 2024.

If you have any questions, please contact Loryn at [lrose@townofselbyville.org](mailto:lrose@townofselbyville.org) or 302-436-8314 ext. 120.



TOWN OF SELBYVILLE  
 1 W Church Street, Selbyville, DE 19975  
 TEL (302) 436-8314  
 selbyville.delaware.gov

DATE OF APPLICATION \_\_\_\_\_

## VENDOR LICENSE APPLICATION

BUSINESS INFORMATION	
Name of Business: _____	
T/A Business Name: _____	
Business Address: _____	
County: _____	Phone #(s): _____
BUSINESS OWNER INFORMATION	
<u>Sole Proprietor</u>	
Name: _____	Phone #(s): _____
Email: _____	
<u>Partnership</u>	
1. Name: _____	Phone #(s): _____
Email: _____	
2. Name: _____	Phone #(s): _____
Email: _____	
3. Name: _____	Phone #(s): _____
Email: _____	
<u>Corporation</u>	
President: _____	Phone #(s): _____
Email: _____	
Vice President: _____	Phone #(s): _____
Email: _____	
Treasurer: _____	Phone #(s): _____
Email: _____	
Billing Address: _____	
County: _____	Phone #(s): _____

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

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

**\*\*MUST PROVIDE A COPY OF THE CERTIFICATE OF LIABILITY INSURANCE LISTING THE TOWN OF SELBYVILLE AS AN ADDITIONAL INSURED\*\***

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

OFFICE USE ONLY	
Date Received: _____	FEE: <b>\$25.00</b>
<input type="checkbox"/> APPROVED Date: _____	Date Paid: _____
<input type="checkbox"/> DENIED Date: _____	Date Issued: _____