

VILLAGE OF LUDLOW, VERMONT
APPLICATION FOR VENDOR PERMIT

Name: _____

Vendor Business Name: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

PRODUCT/SERVICE INFORMATION:

Description of Product/Service To Be Sold: _____

Description of Vehicle/Cart Used: _____

Period of Sale: From _____ To _____

Hours of Operation: _____

Proposed Location: _____

Please Provide Locality Sketch:

Note: Please indicate road names, sign locations and any other relevant information.

