

CITY OF WAYLAND
103 S. Main St., Wayland, MI 49348
PHONE: 269-792-2265 FAX: 269-792-0387

APPLICATION FOR VENDOR'S LICENSE

For Official Use Only

Date Received: _____

Received By: _____

Received Fee(s): _____

1. Name of Applicant: _____

Address: _____

City/State/Zip: _____

Phone: Office: _____ Home: _____

E-mail: _____ Fax: _____

Signature: _____ Date: _____

2. Name(s) of Applicant's Employee(s):

Address of Applicant's Employee(s):

Phone Number(s) of Applicant's Employee(s):

3. Merchandise Being Sold and Origin:

Product: _____

Origin: _____

4. Location of Proposed Activity: _____

Property Owner of Location: _____

Name: _____ Address: _____

Phone Number: _____

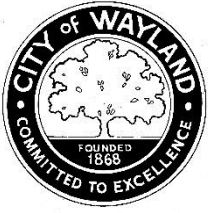
Property Owner's Signature: _____

5. Date(s) of Operation: _____

Hour(s) of Operation: _____

6. Items to Attach With This Form:

- Accurate Site Plan sketch with dimensions including lot lines, layout, parking, access, and location of tents, tables, electrical apparatus, signs, and merchandise
- Fees established by City Council for each license requested (check requested fee):
 - \$25 per license not lasting more than 5 consecutive days
 - \$100 per license not lasting more than 30 consecutive days
 - \$200 per license for up to 90 consecutive days



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ISSUANCE OF LICENSE

Applicant Name: _____

Merchandise/ Product Sold: _____

Location of Proposed Activity: _____

Date of Operation: _____

Item Checklist for Vendor's License Application:

- Applicant has provided the information required by the city ordinance
- Vendor and merchandise is compatible with any use on the site or with adjacent uses
- Does not result in any traffic or pedestrian safety hazards
- Does not significantly detract from the parking needed by an existing use on the site
- Does not compromise the safety and well-being of persons on or off the site
- Copy of the application given to the applicant
- All fees paid
- Accurate Site Plan attached with all necessary items included outlined in city ordinance

Application Approval Status

Approved: _____

Not Approved: _____

City Manager (or designated agent) Signature:

Today's Date:
