



Town of Delavan

5621 Town Hall Road

Delavan WI 53115

262-728-3471 - Fax (262) 728-3473 - E-Mail: clerk@townofdelavan.com

APPLICATION TO SELL WITHIN TOWN OF DELAVAN PARKS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Check One: One day (\$10) 2 Days (\$20) 3 Days (\$30)

Up to 7 Days (\$50) Up to 14 days (\$100)

Permit to sell in: Community Park Kirkpatrick Park Cummings Park

List of merchadise to be sold: _____

Dates of Intended sales: _____

Hours of Sales: _____ Method of Vending: _____

Who will be vending: _____

**** Insurance: Must be provided naming Town of Delavan as Additional Insured****

Name, address and phone number of Insurance Provider: _____

FEIN or Seller's Permit # _____

Signature of Applicant: _____ Date Signed: _____

OFFICE USE ONLY			
Total Fee Paid \$	_____	Date Paid	_____ License No. _____
Date Issued	_____	Accepted by	_____ Receipt No. _____

Day 1 Date: _____

Day 2 Date: _____

Day 3 Date: _____

Day 4 Date: _____

Day 5 Date: _____

Day 6 Date: _____

Day 7 Date: _____

Day 8 Date: _____

Day 9 Date: _____

Day 10 Date: _____

Day 11 Date: _____

Day 12 Date: _____

Day 13 Date: _____

Day 14 Date: _____