Delavan Parks

1220 South Shore Drive
Delavan, WI 53115

APPLICATION TO SELL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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:
____ Kirkpatrick Park
____ Community Park
____ Cummings Park

Hours of Sales: _____

Method of Vending: _____

Who will be vending: _____

_____

_____

_____

List of merchandise to be sold:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Dates of Intended sales:

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 _____

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. _____