



P.O. Box 1757, Naples, Maine 04055
Phone: (207) 693-6364 / Fax: (207) 693-3667
www.townofnaples.org

STREET/MOBILE VENDOR LICENSE APPLICATION

Contact Info:

Property Owner: _____ Phone: _____

Business Address: _____ Email: _____

Mailing Address: _____

Vendor Name: _____ Phone: _____

Business Name: _____ Email: _____

Mailing Address: _____

Permit Type Requested:

- | | |
|--|---------------------|
| <input type="checkbox"/> Private Property / Private Access – One Time Event | No Fee |
| <i>* Private access is defined as people on premise restricted by invitation only or customers of the sponsoring entity.</i> | |
| <input type="checkbox"/> Private Property / Private Access – Multiple Events # _____* | \$250.00 per season |
| List Proposed Event Dates _____ | |
| <input type="checkbox"/> Private Property / Publicly Accessible | \$1,000.00 per year |
| <input type="checkbox"/> Public Property / Publicly Accessible | \$2,000.00 per year |

Describe or attach drawing of vendor placement, and a description, including dimensions of kiosk or vehicle(s) to be used on property:

All of the following items must be submitted with this application:

Description of the nature of goods, services, food or beverages to be offered.

If vehicle is to be used, a copy of current registration and proof of insurance.

Current photo ID of Vendor/Owner.

Current Maine resale certificate.

Written permission from the property owner permitting the vendor to operate.

Proof of required applicable State licenses for mobile food service establishments.

Pay applicable fee plus \$50 for public notice expenses.

**I HERBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND CORRECT AND I AGREE
TO COMPLY WITH ALL TOWN ORDINANCES AND LAWS APPLICABLE TO THIS ACTIVITY.
I AM OR LEGALLY REPRESENT THE OWNER OF THE SUBJECT PROPERTY FOR THE PURPOSE OF THIS LICENSE.**

Authorized Signature: _____ Date: _____

License will only be valid for one year after the date issued.

FOR OFFICE USE ONLY

Zone _____ Map _____ Lot _____

Fee: _____

APPROVED / DISAPPROVED Authorized Signature: _____ DATE: _____