



Town of Shelburne, Vermont

CHARTERED 1763

P.O. BOX 88 5420 SHELBURNE ROAD SHELBURNE, VT 05482

Clerk/Treasurer
(802) 985-5116
9550

Town Manager
(802) 985-5110

Zoning & Planning
(802) 985-5118

Assessor
(802) 985-5115

Recreation
(802) 985-9551

FAX Number
(802) 985-9550

PEDDLER'S LICENSE APPLICATION

IMPORTANT NOTES:

* **Peddler's Ordinance.** This application is for a Peddler's License as adopted by the Selectboard _____ . A copy of the Ordinance is attached for your convenience.

1. **LICENSE DURATION & FEE** *(Check the desired license duration and fee) :*

	<u>Duration</u>	<u>Fee*</u>
_____ A.	One (1) Week License	\$15
_____ B.	One (1) Month License	\$30
_____ C.	Three (3) Month License	\$50

**Checks payable to "Town of Shelburne"*

Provide the date you would like to begin selling merchandise: _____

2. **DEVELOPMENT NAME, PROPERTY ADDRESS & PROPERTY MAP #:**

Development Name: _____
(Business Name of Selling Location)

Property Street Address: _____

Property Map #: _____ - _____ - _____

3. **PROPERTY OWNER & APPLICANT NAME:**

Property Owner Name: _____

Signature: _____

Address: _____

Telephone #: _____ Fax No.: _____

Applicant Name: _____

(If not property owner)

Soc. Sec. #: _____ Birth Date: _____

Address: _____

Telephone #: _____ Fax No. _____

4. APPLICANT'S BUSINESS INFORMATION:

Name: _____

(Business Name)

Address: _____

Telephone #: _____ Fax No. _____

5. EMPLOYEE INFORMATION: Provide a list of employees with their:

- A. Address;
- B. Phone #;
- C. Soc. Sec. #; and,
- D. Photograph.

6. MERCHANDISE:

A. Describe the merchandise to be sold (*i.e. Christmas trees, ice cream, food, etc.*):

B. Describe the structure (*tent; truck, trailer, etc.*) used to sell the merchandise:

C. Describe the size and location of signs (Example - sign is 1' x 2' and located in front of merchandise): _____

7. VEHICLE SALES (*Provide the following information if selling from a vehicle i.e. truck, trailer, etc.*):

A. Describe the vehicle (*color, make and model*): _____

B. Provide the following vehicle information:

(1) License Plate #: _____

(2) Registration #: _____

(3) State Issued: _____

8. **HISTORY:** Describe any previous criminal convictions, misdemeanors, or municipal ordinance violations for the applicant and the employees (*List the offense and the punishment or penalty*):

9. **SIGNATURE:** I hereby certify all of the information contained herein is true and accurate to the best of my knowledge. I hereby agree to abide by the provisions of the Shelburne Peddlers Ordinance and understand the license may be revoked due to inaccurate information presented herein or failure to abide by the terms of the Shelburne Peddlers Ordinance.

Applicant's Signature

PEDDLER'S PERMIT
(COMPLETED BY TOWN STAFF)

DATE: _____

___ **PERMIT APPROVED* (*Approval Conditions*):** The permit is approved subject to the following conditions:

1. The applicant and employees must comply with the requirements of the Peddler's Ordinance (**See Attached**);
2. The display location must not impede car or pedestrian traffic;
3. The display location must not interfere with sight lines/views of car traffic entering or existing the site or pedestrians crossing driveways, parking areas, etc.;

4. _____

___ **DENIED:** The application for a Peddlers License is denied based upon:

Signature: _____
Zoning Coordinator & Enforcement Officer (2009)