

TOWN OF PORTLAND, CONNECTICUT

Application to Vend at the Annual Portland Agricultural Fair

*If food is to be sold, a Food Permit must be issued by the Chatham Health District after completion of paperwork and inspection of food containment apparatus.

Please PRINT or TYPE.

FULL NAME: _____ PHONE #: _____

HOME ADDRESS: _____

CITY / STATE / ZIP: _____

NAME OF PROPRIETOR: _____

NAME OF BUSINESS: _____ PHONE# _____

ADDRESS OF BUSINESS: _____

EMAIL ADDRESS: _____

CONNECTICUT TAX NUMBER: _____

TYPE OF MERCHANDISE VENDING: food information crafts other

Specify: _____

Please provide a valid certificate of insurance or one may be purchased through the Fair Association:

Certificate of Insurance Provided Certificate of Insurance Purchased through Fair Assoc. \$ _____

UTILITY REQUIREMENTS: Electric _____ (amps) _____ (volts) Water _____ (gallons per hour)

SIZE OF SPACE NEEDS: Booth 10' X 10' Tent Other (list dimensions) _____

The undersigned hereby attests that all information supplied with this application is true and accurate.

By signing this form, upon being notified of the granting of this application, I understand that I must display the license or permit prominently in my assigned booth visible for public view. I further acknowledge that I will comply with the Town Ordinances and State Statutes which apply; agree to comply with rules and regulations contained therein, and acknowledge that failure to so comply will result in revocation of any license or permit issued hereunder.

APPLICANT SIGNATURE: _____ DATE _____

Please return this form to: Portland Agricultural Fair Association, P.O. Box 862, Portland, CT 06480

DOCUMENTED BY FAIR OFFICER: _____ DATE _____

DOCUMENTED BY FIRST SELECTPERSON: _____ DATE _____