

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 \_\_\_\_\_