**Town of Ellendale**  **kimhughes.ellendale@comcast.net**

**P.O. Box 6, 300 McCaulley Ave. Phone: 302-422-6727**

**Ellendale, DE 19941 Fax: 302-422-0863**

**APPLICATION FOR 2019 VENDOR'S LICENSE**

Ellendale Family Fun Day Festival

**September 21st or Rain Date: Sept. 22nd, 2019**

This application is for the period starting and ending September 21 or 22, 2019 from **10AM to 3PM**. Please mail or present this application, together with the appropriate fee of **PROFITS - $25.00 if paid by June 15, 2019** and **$35.00 per 10x10 space if paid June 16-August 15, 2019; NON-PROFITS are $10.00 if paid before June 15, 2019 and $15.00 June 16-August 15, 2019.** Checksmade payable to:

Town of Ellendale P.O. Box 6

Ellendale, DE 19941

Attn: Kim Hughes

  **DEADLINE FOR APPLICATIONS IS AUGUST 15, 2019**

 Non-Profit **Y** **N**

Please note that any false or erroneous information provided on this application is grounds for suspension of said license **without** return of fee. Non-refundable if you cancel or cannot make it to event for any reason.

 Trade Name of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Owner and Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal Type of Sales \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application, once received with payment and documentation in full, will grant you a 10x10 space and selling privileges in the Town on the above said day, for the Festival. Your space will be marked with your number on the morning of the festival, and you will receive more information as it gets closer.

The undersigned applicant further states the he/she is knowledgeable of and has complied with and will continue to comply with all ordinances of the Town and State of DE, as they apply to his/her sales.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Space location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_