



**TOWN OF
PINEDALE
WYOMING**

ITINERANT MERCHANT

210 W PINE STREET, P.O. BOX 709 PINEDALE, WYOMING 82941-210

PHONE: (307) 367-4136 FAX: (307) 367-2578

BUSINESS NAME: _____ **DATE:** _____

OWNER	PROPERTY OWNER NAME			
	MAILING ADDRESS	CITY	STATE	ZIP CODE
	PHONE	E-MAIL		

VENDOR	INDIVIDUAL/BUSINESS NAME			
	MAILING ADDRESS	CITY	STATE	ZIP CODE
	PHONE	E-MAIL		

DESCRIPTION	TYPE OF USE: (CIRCLE ONE) TENT RETAIL TRAILER FOOD TRUCK OTHER (DESCRIBE)					
	ESTIMATED NUMBER OF OFF-STREET PARKING SPOTS					
	HOURS OF OPERATION		DURATION OF ACTIVITY			
	RESTROOMS (CIRCLE ONE) PORTA-POTTIES ONSITE RESTROOMS OFFSITE RESTROOMS (WHERE?)					
	VENDORS PERMITTED IN COMMERCIAL DISTRICTS ONLY! STREET ADDRESS OR LOCATION:					
	IF SERVING FOOD, PROVIDE LETTER OF APPROVAL FROM COUNTY SANITARIAN. YES NO					
	WRITTEN PERMISSION FROM PROPERTY OWNER (CIRCLE ONE)		YES	NO	PROOF OF WYOMING SALES TAX	YES

FEES	CASH MO CK #	PERMIT FEE: \$100 per week, Maximum stay 2 weeks /YR
	NOTES	

APPLICATION	<i>I hereby acknowledge that I have read this application and stated that the information contained herein is accurate to the best of my knowledge and agree to comply with all town ordinances and state laws regulating building construction. By signing below, the applicant certifies that they are authorized by the owner to act as their agent.</i>	
	Signature _____	Date _____

PLEASE LIST TYPES OF ITEMS OR SERVICES TO BE SOLD:

