

**DUNMORE BOROUGH
APPLICATION FOR
VENDORS PERMIT**

NAME OF COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER IF ANY: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

TYPE OF BUSINESS: _____

OPERATING LOCATION: _____

HOURS OF OPERATION: _____

DATES APPLYING IF AVAILABLE: _____

APPROVED _____ **NOT APPROVED** _____

SIGNATURE _____

**COST: 1 DAY \$50.00
1 WEEK 250.00
1 MONTH 750.00
1 YEAR NOT/APPLICABLE**