

## Application for a Town of Digby Umbrella Vending License

### Contact Information

<b>Festival/Special Event Name</b>	
<b>Contact Name</b>	
<b>Organization's Address</b>	
<b>Phone #</b>	
<b>E-mail</b>	

Please describe the Event

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Designated Site Location

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**Date(s) of Event**

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**Time of Event**

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Please list the vendor's business name, name of contact for the business, vendor's phone number and product or service for each vendor operating at the event. Vendors include all food vendors, entertainers, and other businesses providing wares or services. Note: if more vendors, please attach a list with the required information.

Vendor's Business Name	Vendor's Contact Name	Phone	Product or Service

I hereby make application to the Town of Digby for an Umbrella Vendor's Permit stating the information in this application is true and complete and that I agree to comply with the provisions of the Town of Digby's Vending & Licensing By-Law.

Date \_\_\_\_\_

Signature of Contact \_\_\_\_\_