

TRANSIENT SELLER APPLICATION

TOWN OF WINTHROP
17 Highland Avenue
WINTHROP, MAINE 04364

____ 1 Annual \$25.00 ____ 30-Day \$10.00

State permit # _____ Date _____

Applicant: _____ Business name: _____

Home
Address: _____
City: _____ State: _____ Zip: _____

Product for sale: _____ Selling location: _____

Name of
Employees: _____

Vehicle description:

Year	Color	Make	Model	Plate #
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I understand that I must promptly notify the Town Office of any changes in the above required information. I also understand the Transient Sellers & Lunch Wagon Ordinance of the Town of Winthrop and shall adhere to all regulations specified.

Signature: _____ Telephone number: _____

*****For Office Use only*****

Date approved
by council (annual only): _____ Date license issued: _____
License expiration: _____