TOWN OF PINEDALE WYOMING

69 PINEDALE S ROAD / PO BOX 709
PINEDALE WY 82941
PHONE: 307-367-4136 FAX: 307-367-2578
info@townofpinedale.us

INTINERANT MERCHANT

BUSINESS NAME:	**DATE:**

OWNER	PROPERTY OWNER NAME	
	MAILING ADDRESS	
	PHONE	EMAIL

VENDOR	INDIVIDUAL/BUSINESS NAME	
	MAILING ADDRESS	
	PHONE	EMAIL

DESCRIPTION	TYPE OF USE: TENT FOOD TRUCK RETAIL TRAILER OTHER: _____		
	ESTIMATED NUMBER OF OFF-STREET PARKING SPACES: _____		
	HOURS OF OPERATION:	DURATION OF ACTIVITY:	
	RESTROOMS: PORTA-POTTIES ONSITE RESTROOMS OFFSITE RESTROOMS (WHERE?) _____		
	VENDORS PERMITTED IN COMMERCIAL DISTRICTS ONLY! STREET ADDRESS/LOCATION:		
	IF SERVING FOOD, MUST PROVIDE LETTER OF APPROVAL FROM COUNTY SANITARIAN	YES	NO
	MUST PROVIDE WRITTEN PERMISSION FROM PROPERTY OWNER	YES	NO
	MUST PROVIDE PROOF OF WYOMING SALES TAX	YES	NO
	PLEASE LIST THE TYPES OF ITEMS OR SERVICES TO BE SOLD:		

FEES	PERMIT FEE: $100 PER WEEK, MAXIMUM STAY 2 WEEKS PER YEAR
	CASH CHECK CREDIT CARD MONEY ORDER

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. I understand that if a violation of this ordinance occurs, the permit may be terminated at that time by the Mayor or a designated representative. Reinstatement of the permit shall be made by the Town Council after a public hearing.

By signing below, the applicant certifies that they are authorized by the owner to act as their agent.

Signature _____ Date _____