



# MOBILE VENDOR APPLICATION TOWN OF GRAY MAINE

**For Office Use Only**  
 Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_

**FEE OF \$25.00 FOR RESIDENTS / \$50.00 FOR NON-RESIDENTS PLUS  
 \$60 ADVERTISEMENT FEE  
 EXPIRES ON DECEMBER 31<sup>ST</sup>**

**Business Name**

New    Renewal

## CONTACT INFORMATION

OWNER		OPERATOR (IF DIFFERENT)	
Name		Name	
Address		Address	
Phone Number		Phone Number	
Site(s) where vendor will operate			
Description of item(s) to be sold			

## DOCUMENTATION

Please include the following information/documents with this application

<input type="checkbox"/>	Certificate of Insurance (Mobile Vendor Ordinance, Section 212.9)	<input type="checkbox"/>	Plot plan depicting location of unit on said premises.
<input type="checkbox"/>	Maine Department of Human Services "Certificate of Approval"	<input type="checkbox"/>	Statement from Applicant stating he/she has no criminal convictions
<input type="checkbox"/>	Description of vehicle and copy of registration.	<input type="checkbox"/>	Written permission to use the land by the property owner

## SIGNATURES

**I hereby give my permission the Town of Gray to release any information pertaining to this application.**

Applicant Name (please print)	
Applicant Signature/Date	

**I certify the mobile vendor unit is allowed in the zoning (s) district proposed.**

Code Enforcement Officer	Date