



date: _____

returning vendor(y/n) _____

TOWN OF WISCASSET

Pier Vendor Permit Application

APPLICANT NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CELL: _____

EMAIL: _____

SEASONAL PERMIT PER EACH SPOT: (May – Oct /calendar year) ____ x \$400 (10' X 20') or ____ x \$600 (30' x 34')

ANNUAL PERMIT PER EACH SPOT: ____ x \$800 (10' X 20') or ____ x \$1100 (30' x 34')

____ LADDER SIGN: \$40; TO READ: _____

____ I REQUEST ELECTRICAL SERVICE: 110 Volt outlet \$100/season or \$5/day additional use will be billed by the Town (subject to change)

____ EVENT PERMIT DATE(S) _____

____ DAY USE PERMIT \$25: DATE(s): _____

____ RETURNING VENDORS CHECK HERE IF NO CHANGES TO BUSINESS

DESCRIPTION OF ALL BUSINESS ACTIVIES THAT WILL TAKE PLACE ON SITE: INCLUDING ELECTRICAL REQUIREMENTS _____

REQUEST FOR APPROVAL OF ACCESSORY FURNITURE: (please list all furniture and size and attached a sketch of placement)

- ATTACH A CERTIFICATE OF INSURANCE, NAMING THE TOWN OF WISCASSET AS AN ADDITIONAL INSURED.
- ATTACH A PHOTO OR SKETCH OF THE PROPOSED STRUCTURE.
- INCLUDE FULL PAYMENT WITH APPLICATION. SUBMIT TO THE TOWN OFFICE, Attn: Administrative Assistant

I represent that all of the above information is true and correct. I have read the attached Pier Policies and agree that I will comply with all rules and regulations.

Signature

Date:

Office use only

Permit fee _____

Electric fee _____

Sign Fee _____

Total amount _____

Approval Date _____ WFC _____ BOS

Expiration date _____ WFC _____ BOS

Recommended _____ Not Recommended _____

Authorized by _____

Waterfront Committee