



date: _____

returning vendor(y/n)_____

TOWN OF WISCASSET

Pier Vendor Permit Application

APPLICANT NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CELL: _____

EMAIL: _____

PERMIT PER EACH SPOT: (Operating: May – Oct /calendar year) ___ Building foot print \$5/ sq foot or ___ and additional requested space: \$3/ sq ft.

___ Winter storage: \$400

___ Business license

___ Insurance

___ I REQUEST ELECTRICAL SERVICE, see Pier Policies for details

___ RETURNING VENDOR with NO CHANGES TO BUSINESS _____ submit with \$30 fee
initial here

___ EVENT PERMIT DATE(S) _____

___ DAY USE PERMIT \$35: DATE(s): _____

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

REQUEST FOR APPROVAL OF ACCESSORIES, FURNITURE etc.: (please list all furniture and size and attached a sketch of placement):
items _____

- ATTACH A CERTIFICATE OF INSURANCE, NAMING THE TOWN OF WISCASSET AS AN ADDITIONAL INSURED.
- ATTACH A PHOTO OR SKETCH OF THE PROPOSED STRUCTURE, with measurements.
- INCLUDE \$30 APPLICATION FEE. 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. I acknowledge failure to comply with one or several of the Pier Policies may result in this permit being terminated and removal of aforementioned business from the Pier.

Signature

Date:

Office use only

Permit fee _____
 Building foot print (\$5/ sq ft) _____
 Additional space (\$3/sq ft, May- Oct only) _____
 Winter Storage Fee(\$400) _____
 Electric Deposit \$100 _____
 Total amount _____
 Application complete _____ other documentation _____

Recommended _____ Not Recommended _____ by Waterfront Committee

Approval Date _____

Approved by _____

Wiscasset Select Board

Approval Date _____ Expiration date _____

Notes: _____

