

**TOWN OF HANOVER
VENDOR PERMIT**

NAME: _____ TEL. #: _____

BUSINESS NAME: _____

ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

DESCRIPTION OF BUSINESS: _____

MERCHANDISE TO BE SOLD: _____

DESCRIBE STAND APPEARANCE: _____

DIMENSIONS: _____ CONSTRUCTION: _____

DAILY #: _____ SIX MONTH #: _____ CHECK: _____ CASH: _____

DATE(S) OF RENTAL: _____

**TOWN OF HANOVER
VENDOR PERMIT**

NAME: _____ TEL. #: _____

BUSINESS NAME: _____

ADDRESS: _____

DAILY SPACE #: _____ SIX MONTH SPACE #: _____

DATE(S) OF RENTAL: _____

APPROVED: _____

Elizabeth A. McClain, Deputy Town Clerk