



Town of Greenfield Recreation Department
 20 Sanderson Street, Greenfield, MA. 01301
 Phone (413) 772-1553 Fax (413) 773-0115
 Email: christym@townofgreenfield.org

VENDOR PERMIT APPLICATION

Return two or more WEEKS in advance of the event. Food vendors: also apply for temporary food permit with the Town Health Department. VENDORS OPERATING IN TOWN PARKS WITHOUT PERMITS WILL BE CLOSED.

Business or Organization _____

Non-Profit Tax Exempt Number _____ **Date:** ____/____/____

Address: _____

No/Box # Street Town State Zip
 Daytime Phone: (____) _____ Ext _____ Cell Phone _____

Officer/Manger Name _____

Full Name and Phone No. of **Person who will be in charge of your concession during the event:**

Event You Are Applying For: _____

If you've been a vendor with Greenfield Recreation Dept before, when? _____

SEE OTHER SIDE FOR RATES, ITEMS PROHIBITED in Parks & other Details.

I have read and agree to the terms on the back of this form:

Signature **Date**

I am Applying for _____ Spaces at \$_____ Electricity _____

Check Products & List selling price below.

- | | | |
|----------------------------------|-----------------------------|------------------------------|
| ___ Soda \$ _____ | ___ Coffee \$ _____ | ___ Hot Choc \$ _____ |
| ___ Lemonade/Punch, etc \$ _____ | ___ Pastry \$ _____ | ___ Bottle Water \$ _____ |
| ___ Donuts \$ _____ | ___ Popcorn \$ _____ | ___ Cookies \$ ____ Per ____ |
| ___ Chips/Snacks \$ _____ | ___ Fries \$ _____ | ___ Cotton Candy \$ _____ |
| ___ Fried Dough \$ _____ | ___ Kielbasa \$ _____ | ___ Hot dog \$ _____ |
| ___ Hamburger \$ _____ | ___ Sandwich \$ _____ | ___ Fr. Clams \$ _____ |
| ___ Fr Chicken \$ _____ | ___ Yogurt \$ _____ | ___ Popsicle \$ _____ |
| ___ IceCreamCones \$ _____ | ___ Glow Necklaces \$ _____ | ___ Fresh Fruit \$ _____ |
| ___ Light Stix \$ _____ | | ___ Latex Balloons \$ _____ |
| ___ Mylar Balloons \$ _____ | | |
- List Other Products: _____ \$ _____ _____ \$ _____ _____ \$ _____
 _____ \$ _____ _____ \$ _____ _____ \$ _____

This space for OFFICE USE ONLY

___ Approved ___ Not Approved: _____ Date ____/____/20__

Permit Issued By: _____

A copy of this form, signed by the Director or Administrative Assistant of the Recreation Department, shall be the vendor's permit, and shall be with the vendor at the event in addition to Health Dept. Food Permit if applicable.

Paid \$ _____ Cash Check Date: _____ By: _____

