

SCHEDULE "B"

VENDOR PERMIT

This is to certify that _____ of _____
(Permit holder) (Address)
is hereby permitted to conduct a vendor's business in the Town of Gambo.
This permit is in force from the _____ day of _____, 20____.

This permit is issued subject to the provisions of the regulations of the Town of Gambo relating to vendors conducting business within the limits of the Town of Gambo. This permit is not transferrable.

Additional Conditions: _____

The following salespersons are authorized to act on behalf of the above named holder of this permit:

(name)	(address)
(name)	(address)
(name)	(address)
(name)	(address)

Dated this _____ day of _____, 20____, AD.

Received the sum of \$ _____ for Vendor Permit.

Approved/Denied _____ Permit Number: _____

Signature of Vendor: _____

Signature of Town Official: _____