

APPLICATION FOR TRANSIENT RETAIL MERCHANTS PERMIT FOR THE TOWN OF EDEN

() First 30 Day Permit

() 30 Day Renewal (limit 2 Per Calendar Year)

Date: _____

Permit No. _____

Name of Business: _____

Address: _____

Owner of Business: _____ Contact Person: _____

Telephone #: _____ Email: _____

A Brief Description of What Would Be Sold: _____

Location of Proposed Sales: _____

What Are the Sales Being Conducted In (Tent, Trailer): _____

Applicant agrees to indemnify and hold the Town of Eden harmless and its officers and employees from and against any loss, damage or claims for damages to property or injury to persons which may be occasioned by any activity carried on or under the terms of the permit.

Owner signature: _____

OFFICE USE ONLY

Code Enforcement Approval: _____ Restrictions If Any: _____

Police Department Approval: _____ Restrictions If Any: _____

New Permit (30 Days) \$100.00	30 Day Extension \$100.00	Total Fee: _____
Date Received by Clerk _____	Amount Paid _____	Cash ___ Check# _____ CC _____

TRANSIENT RETAIL MERCHANT DOCUMENT LIST
THE PERMIT APPLICATION MUST BE TURNED IN WITH ALL DOCUMENTS LISTED BELOW

- **Qualifications to do Business in New York State**

- **New York State Sales Tax Form**

- **Liability Insurance policy**

- **Workers Compensation Insurance (If required)**

- **Written Permission to Conduct Business from the Landowner**