



CITY OF SACO
City Clerk's Office 300 Main St. Saco Me. 04072

2009 VENDORS LICENSE APPLICATION

NEW

RENEWAL

Name of Establishment:	
Location of Establishment:	
Mailing Address of Establishment:	
Name of Owner / Manager:	
Address of Owner / Manager:	
Home Phone:	Work Phone:
Address of Owner / Manager for last 5 years:	
Signature of Owner / Manager:	
Date Signed:	

Permit Fee: \$20.00 (Non-Refundable)	Date Paid:	Collected By:
--------------------------------------	------------	---------------