

CITY OF EAST ORANGE
LICENSING DIVISION

ONE-DAY SPECIAL EVENT VENDOR LICENSE APPLICATION

FOOD VENDOR _____

NON-FOOD VENDOR _____

VET NUMBER _____

LICENSE NUMBER _____

DATE _____

APPLICANT NAME _____

HOME ADDRESS _____

CITY _____ STATE _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

TRADE NAME OF BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____

BUSINESS PHONE NUMBER _____

PLEASE LIST ALL ITEMS YOU INTEND TO SELL

SIGNATURE OF APPLICANT _____

PRINT NAME _____