

**CITY OF WAYLAND**  
103 S. Main St., Wayland, MI 49348  
PHONE: 269-792-2265 FAX: 269-792-0387

## APPLICATION FOR VENDOR'S LICENSE

For Official Use Only

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Received Fee(s): \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name(s) of Applicant's Employee(s):

\_\_\_\_\_

Address of Applicant's Employee(s):

\_\_\_\_\_

Phone Number(s) of Applicant's Employee(s):

\_\_\_\_\_

3. Merchandise Being Sold and Origin:

Product: \_\_\_\_\_

Origin: \_\_\_\_\_

4. Location of Proposed Activity: \_\_\_\_\_

Property Owner of Location: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

5. Date(s) of Operation: \_\_\_\_\_

Hour(s) of Operation: \_\_\_\_\_

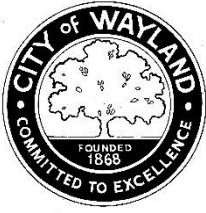
6. No on street parking Monday - Friday 8am - 5pm

7. Items to Attach With This Form:

Accurate Site Plan sketch with dimensions including lot lines, layout, parking, access, and location of tents, tables, electrical apparatus, signs, and merchandise

Fees established by City Council for each license requested (check requested fee):

- \$25 per license not lasting more than 5 consecutive days
- \$100 per license not lasting more than 30 consecutive days
- \$200 per license for up to 90 consecutive days



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### ISSUANCE OF LICENSE

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**Applicant Name:** \_\_\_\_\_

**Merchandise/ Product Sold:** \_\_\_\_\_

**Location of Proposed Activity:** \_\_\_\_\_

**Date of Operation:** \_\_\_\_\_

**Item Checklist for Vendor's License Application:**

- Applicant has provided the information required by the city ordinance
- Vendor and merchandise is compatible with any use on the site or with adjacent uses
- Does not result in any traffic or pedestrian safety hazards
- Does not significantly detract from the parking needed by an existing use on the site
- Does not compromise the safety and well-being of persons on or off the site
- Copy of the application given to the applicant
- All fees paid
- Accurate Site Plan attached with all necessary items included outlined in city ordinance

**Application Approval Status**

Approved: \_\_\_\_\_  
\_\_\_\_\_

Not Approved: \_\_\_\_\_  
\_\_\_\_\_

**City Manager (or designated agent) Signature:**

**Today's Date:**

\_\_\_\_\_

\_\_\_\_\_