

**CITY OF GROVE  
FARMER'S MARKET  
VENDOR PERMIT APPLICATION**

Vendor Name: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_

\_\_\_\_\_

Vendor's Phone No. \_\_\_\_\_

(Vendor must be available via phone during the event)

Vendor Tax Identification Numbers: \_\_\_\_\_

(Include Federal and State Tax Commission Number)

*Provide a copy of an Exemption Letter if Vendor is exempt from collecting sales tax.*

Name of Event: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Brief description of the types of items to be sold by Vendor: \_\_\_\_\_

\_\_\_\_\_

Has Vendor ever been convicted of a felony?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If Yes, describe the nature of the offense and the punishment of penalty assessed. \_\_\_\_\_

\_\_\_\_\_

After close review of the Vendor Permit Application, I certify that the information provided is true and correct to the best of my knowledge. I acknowledge and authorize investigation of all statements contained herein. I understand that misrepresentation or omission of facts is cause for denial of participation in the Special Event.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date