

## APPLICATION TO SELL WITHIN PUBLIC PARKS

(Must also submit Direct Sellers Application)

Name:	
Address:	
City:State	:Zip:
Phone: Ema	il:
Check one: ☐ One day (\$10) ☐ 2 day ☐ Up to 7 days (\$50) ☐ Up to	vs (\$20) □ 3 days (\$30) o 14 days (\$100)
Permit to sell in:	•
List merchandise to be sold:	
Date(s) of intended sales:	
	nod of vending:
Who will be vending:	
*Insurance: Must provide Certificate of Insurance naming City of Elkhorn as additional insured*	
Name & Address of Insurance Provider:	
Signature of Applicant	Date Signed
Office Use Only	
Total Fee Paid \$ Date Paid	Receipt No
License No.	Date Issued
Account No.: 100-4-44309	