



Town of Sterling
Board of Selectmen

PERMIT # _____
PERMIT FEE _\$25.00
FEE PAID: _____

VENDOR
LICENSE APPLICATION

Name: _____
(Name of Business or Organization or Individual)

Person: _____
(Person Responsible for License)

Address: _____ **Phone:** _____
(Street and Number)

(City or Town and Zip Code) **Cell Phone:** _____
Email: _____

Location and Phone Number where license is to be used:

Address: _____ **Phone:** _____
(Street and Number)

(City or Town and Zip Code)

PURPOSE OF LICENSE: (Type of goods to be sold)

DATE(S) LICENSE TO BE USED: _____

THIS LICENSE EXPIRES ON LICENSE SPECIFIED DATE

Signature of Licensee

Print Name

F.I.D OR Social Security Number

Date: