

**CITY OF HERMANN
1902 Jefferson Street
Hermann MO 65041**

APPLICATION FOR VENDOR SPACE PERMIT

1. Name of Business: _____
Name of Applicant: _____
Address: _____
Business Phone Number: _____
2. Type of activity to be conducted by the applicant during the event: _____

3. Name and date of festival: _____
4. Date you will be selling merchandise for a Special Event or Festival: _____

5. Location for space permit to be issued: _____
6. Date Itinerant Business License was issued or date the application was filed: _____

7. Do you require any special municipal services or utilities (list): _____

8. Name and date of any prior festival within the City of Hermann for which you have been issued a vendor space permit in the past: _____

Signature

Date