



Finance Department
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VENDOR LICENSE APPLICATION

FEE: \$10.00

DATE OF APPLICATION: _____

EVENT INFORMATION

EVENT DATE:
NATURE OF GOODS/BUSINESS:
LOCATION AND NAME OF EVENT:

BUSINESS INFORMATION

BUSINESS NAME:		
BUSINESS PHONE NUMBER:		
EMAIL ADDRESS:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

**THIS VENDOR LICENSE IS GOOD ONLY FOR THE DATE AND EVENT SPECIFIED ABOVE BY THE APPLICANT.
THIS LICENSE SHALL BECOME NULL AND VOID AFTER THE CONCLUSION OF THIS EVENT.**

SIGNATURE:

DATE: