Tel: 236-0989
Fax: 230-0112

TOWN OF ROCKPORT

101 Main Street Rockport, ME 04856

e-mail: aaplanning@town.rockport.me.us

please print* - PEDDLERS PERMIT APPLICATION - *please print

Applicant: _____ Tel. Number: (h) _____ (w) _____(c) _____

Applicant's Mailing Address: _____

Applicant's Email Address: _____

INFORMATION REQUIRED FROM APPLICANT:

Proposed Date of Operation: m/d/y to m/d/y: _____

Proposed Location of Operation: _____

Proposed Hours of Operation: _____

Description of Product to be Sold: _____

Type and Size of Signage: _____

State Licenses Required: _____

PLEASE ATTACH THE FOLLOWING:

Police Chief Letter: _____

Permission Letter from Property Owner: _____

Copy of Vehicle Registration: _____

Copy of Driver's License :_____

Sketch Plan (if operating from a specific location): _____

To the best of my knowledge, all information submitted on this application is correct. I agree to comply with the Town of Rockport's Ordinances and applicable State laws. I hereby grant permission to the Rockport Planning Office to make necessary inspections to ensure compliance.

Signature of Applicant _____ Date Received by Planning Office _____

CODE OFFICER REVIEW PROCESS

1.) Approved _____ Reason _____

2.) Denied _____ Reason _____

Code Officer Signature: _____ Date: _____ File # _____ Fee $_____ Paid_____