



date: \_\_\_\_\_

returning vendor(y/n)\_\_\_\_\_

## TOWN OF WISCASSET

### Pier Vendor Permit Application

APPLICANT NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PERMIT PER EACH SPOT: (Operating: May – Oct /calendar year) \_\_\_ \$1000 (10' X 20') or \_\_\_ \$1500(30' x 34').

\_\_\_ LADDER SIGN: \$40; TO READ: \_\_\_\_\_

\_\_\_ I REQUEST ELECTRICAL SERVICE, [see Pier Policies for details](#)

\_\_\_ EVENT PERMIT      DATE(S) \_\_\_\_\_

\_\_\_ DAY USE PERMIT \$35:      DATE(s): \_\_\_\_\_

\_\_\_ RETURNING VENDORS CHECK HERE IF NO CHANGES TO BUSINESS

DESCRIPTION OF ALL BUSINESS ACTIVITIES THAT WILL TAKE PLACE ON SITE: INCLUDING ELECTRICAL REQUIREMENTS \_\_\_\_\_

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REQUEST FOR APPROVAL OF ACCESSORIES, FURNITURE etc.: (please list all furniture and size and attached a sketch of placement)

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- ATTACH A CERTIFICATE OF INSURANCE, NAMING THE TOWN OF WISCASSET AS AN ADDITIONAL INSURED.
- ATTACH A PHOTO OR SKETCH OF THE PROPOSED STRUCTURE.
- INCLUDE \$30 APPLICATION FEE. SUBMIT TO THE TOWN OFFICE, Attn: Administrative Assistant

I represent that all of the above information is true and correct. I have read the attached Pier Policies and agree that I will comply with all rules and regulations. I acknowledge failure to comply with one or several of the Pier Policies may result in this permit being terminated and removal of aforementioned business from the Pier.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

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Office use only

Permit fee \_\_\_\_\_

Sign Fee \_\_\_\_\_

Electric Deposit \_\_\_\_\_

Total amount \_\_\_\_\_

Application complete \_\_\_\_\_ other documentation \_\_\_\_\_

Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_

Approved by \_\_\_\_\_  
Waterfront Committee

Approval Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Wiscasset Select Board

Approval Date \_\_\_\_\_ Expiration date \_\_\_\_\_