

PERMIT # _____

SPORTS COMPLEX VENDOR PERMIT APPLICATION

CITY OF SMITHS STATION
2336 County Road 430, Smiths Station, AL 36877
(334) 297-8771

APPLICANT(S) NAME

BUSINESS/ORGANIZATION NAME

ADDRESS

TELEPHONE

E-MAIL

City of Smiths Station, AL Business License # _____

BRIEF DESCRIPTION OF BUSINESS/ ORGANIZATION _____

PERMIT START DATE: _____

PERMIT ENDING DATE: _____

**Vendor Permit valid for no more than thirty (30) calendar days from issuance.
Permit must be displayed while in use.**

*I, the applicant, certify that all the above facts are true and correct to the best of my knowledge. And I acknowledge that The City of Smiths Station, AL, has sole discretion and final approval authority on any and all applications.
I understand that any approval(s) granted pursuant to this application shall be subject to all applicable regulations of the City of Smiths Station.*

APPLICANT'S SIGNATURE:	DATE:
PRINT NAME:	

Affidavit Signed (Y) _____ (N) _____