



# **CLARENDON MUNICIPAL CORPORATION APPLICATION FOR VENDING LICENSE**

Place passport size photo  
here

## **GENERAL**

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender M [ ] F [ ] Present Address \_\_\_\_\_

TRN: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Vending Location: \_\_\_\_\_ Market [ ] Transport Center [ ]

Type of goods to be sold: Ground Provision [ ] Vegetables [ ] Meat [ ] Fish [ ] Haberdashery [ ] Other (Specify): \_\_\_\_\_

Assign Space/Shop Number \_\_\_\_\_ Name of Business (if any) \_\_\_\_\_ Period of time in the market \_\_\_\_\_

Food Handlers Permit Yes [ ] No [ ]

Applicant's Signature:

Date.....

**VALID MARCH 31, 2024 – MARCH 31 2025**

Receipt #. \_\_\_\_\_

Passport size photo Yes [ ] No [ ] Application Approved: Yes [ ] No [ ]

Comments. \_\_\_\_\_

Authorized Signature..... Date.....