City of Keota Vendor Application

Contact Information	
Business Name	
Contact Name	
Street Address	
City ST ZIP Code	
Work Phone	
E-Mail Address	
Availability	
During which hours will you b	e selling items?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
	Weekend evenings
Weekday evenings	
Please Specify Certain Days and Times:	
Description of Item(s) Be	ing Sold

Previous Locations

List at least three of the previous community's you have sold items in:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a vendor, any false statements, omissions, or other misrepresentations made by me on this application may result in my permit being revoked.

Name (printed)	
Signature	
Date	

Our Policy

A copy of the city ordinance is attached to this application and all regulations stated on it must be followed at all times. All fees must be paid before any item is sold in city limits or on city property. If state licenses or insurance are mandated, then copies of those must be provided with this application. Please direct all questions to the city clerk or police officer.