

**TOWN OF MOORCROFT**  
**PO BOX 70**  
**MOORCROFT, WY 82721**  
**(307-756-3526**  
**Fax: (307-756-3472**  
**email: clerktreas@townofmoorcroft.com**

**VENDOR'S PERMIT**

**Today's Date:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Business/Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name & Date of function:** \_\_\_\_\_

**Merchandise for sale:** \_\_\_\_\_

**Site of Sale:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Cost for vendor permit is \$30.00/day.**

**Dates Requested:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**\*\*PERMITS ARE NON-REFUNDABLE\*\***