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**DEPARTMENT OF CODES & INSPECTIONS**

**VENDOR LICENSE APPLICATION**

**FEE: \$10.00**

DATE OF APPLICATION: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

NATURE OF GOODS/BUSINESS: \_\_\_\_\_

LOCATION AND NAME OF EVENT: \_\_\_\_\_

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

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

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

**IMPORTANT:**

**THIS VENDOR LICENSE IS GOOD ONLY FOR THE DATE AND EVENT SPECIFIED ABOVE BY THE APPLICANT. THIS LICENSE SHALL BECOME NULL AND VOID AFTER THE CONCLUSION OF THIS EVENT.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Altoona Representative

\_\_\_\_\_  
Date