COUNTY OF YORK
VENDING PERMIT APPLICATION
McReynolds Athletic Complex (MAC)

412 Sports Way
Yorktown, VA 23692

***Applicant Information*:**

Name: _____

Non-Profit Organization/Vendor Name:_____

Mailing Address: _____

Telephone: _____ Alternate Telephone: _____

Fax: _____ On-Site Phone # During Event: _____

E-Mail Address: _____

***Permit Information*:**

Type of Permit Requested:

☐ **Multi-Day Permit** (Vending operations for more than one day throughout a 30 day period)

☐ **Single Day Permit** (Vending operations for one day only during a 30 day period)

Requested Set-up Location in Athletic Complex: _____

Dates: _____

Times: _____ am pm to _____ am pm

***Operations and Product Information*:**

PLEASE ATTACH A COMPLETE LIST OF PRODUCTS FOR SALE, INCLUDING PRICING

Vending Experience:

Event Name	Date	City and State	Phone

***Fees and Charges*:**

Upon approval, the following fees and charges shall apply and be paid prior to the initiation of the vending operation:

A. Multi-day Vending Permit—$25
B. Single Day Vending Permit—$10
C. Percentage of Gross Sales—10%
(Applies to For-Profit and/or Non-York County Groups)

By signing below, the applicant agrees to abide by the rules and regulations outlined in the vending operations policy.

_____ (Authorized Signature)

_____ (Date)