



**City of Waterford**  
**One Day Retail Vendor License Application**

**Applicant Information:**

Name of Applicant: \_\_\_\_\_  
Business Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Vendor Information:**

*(Type of Vendor and Description of Products/Services)*

**Event Information:**

Event Date: \_\_\_\_\_  
Event Name/Description: \_\_\_\_\_  
Event Location: \_\_\_\_\_

**Permit Fee:**

**The one-day retail vendor permit fee is \$10.**

*(This form approved and paid will be your permit)*

**Payment Information:**

The City of Waterford accepts cash, checks and credit cards as valid forms of payment.

**Terms and Conditions:**

***By submitting this application, I acknowledge and agree to the following:***

- \* I will comply with all local laws, regulations, and health codes while operating as a vendor.
- \* I am responsible for obtaining any additional permits or licenses required for my business type.
- \* The permit fee is non-refundable.
- \* The City of Waterford reserves the right to revoke the permit if any violations or non-compliance are identified.
- \* I will adhere to event rules and guidelines as provided by the event organizers and the City of Waterford.
- \* Each Vendor is allowed 4 Licenses per calendar year.

**Signature:**

\_\_\_\_\_

**Approved and Paid:**

\_\_\_\_\_

City Staff

\_\_\_\_\_

Payment Method Received

**Application Submission:** Please submit this application, along with any required documents and payment, to the following address:

***City of Waterford 101 E Street Waterford CA 95386***

**Contact Information: City of Waterford (209)874-2328, Extension 113**

**Marissa Martinez [mmartinez@cityofwaterford.org](mailto:mmartinez@cityofwaterford.org)**