**CITY OF OSHKOSH**

**VENDOR PERMIT**

**Name of Organization or Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Primary Organization or Vendor Located Inside or Outside City Limits:**

**Yes or No**

**$25.00 Deposit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$50.00 Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50.00 Waived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yes or No**

**Deposit Refunded: Yes or No**

**Reason for Not Refunding Deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Vendor or Organization LeAnn Brown, City Clerk**

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