

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

