



**TOWN OF MIDDLEBURG**  
**10 West Marshall Street**  
**Post Office Box 187**  
**Middleburg, VA 20118**  
**(540) 687-5152**  
**FAX (540) 687-3804**



**APPLICATION FOR BUSINESS LICENSE FOR VENDORS OR CRAFTSMEN  
SELLING AT SPECIAL CHURCH/COMMUNITY LIMITED EVENTS**

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This application must be filed and fee paid prior to the event at which the applicant is scheduled to participate

1. \_\_\_\_\_  
Name of Applicant

2. \_\_\_\_\_  
Trade Name

3. \_\_\_\_\_

4. \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

5. \_\_\_\_\_  
Event

6. \_\_\_\_\_  
Date(s) of Event

7. \_\_\_\_\_  
Fee Due (\$10 x days of event)

(Signed) \_\_\_\_\_  
Signature of Applicant