



VILLAGE OF COLD SPRING

85 MAIN STREET, COLD SPRING, NY 10516

TEL: (845) 265-3611

FAX: (845) 265-1002

WEB: WWW.COLDSRINGNY.GOV

VENDOR APPLICATION FORM

Applicant: _____

Product/Service: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Proposed Days/Hours of Operation: _____

Proposed Location: _____

The above applicant agrees to the following terms:

- Set up only in location(s) approved by the Village of Cold Spring Board of Trustees
- Pay the agreed upon fee
- Applicant must provide the following:
 - Certificate of Liability insurance listing the Village of Cold Spring as an additional insured.
 - Copies of any applicable permits

**Please submit this application, fee and required documentation, to:
Village of Cold Spring, 85 Main Street, Cold Spring NY 10516**

Approved []

Denied []

By: _____

Date: _____