

TRANSIENT VENDOR PERMIT APPLICATION



Madison Township
2065 Hubbard Road
Madison, Ohio 44057

Phone: (440) 428-1120
Fax: (440) 428-1371

Requirements for Permit

- 1. This Application completed**
- 2. Copy of Ohio Vendor License**
- 3. Copy of all Photo ID's**
- 4. Fee (\$100 +\$5 per employee)**
(exact cash or check only)

Date of Application: ____/____/____

Ohio Vendors License Number _____

Company/Organization Name: _____

Company Address: _____

City/State/Zip: _____

Name of Authorized Supervisor: _____ Phone: _____

Additional Transient Vendor(s): _____

Vendor: _____

Vendor: _____

Type of Solicitation: Door to Door Roadside Other: _____

Description of goods and/or services offered for sale:

License Numbers & Types of Vehicles to be used:

_____ (Driver License #)	_____ (Vehicle Plate #)	_____ (Vehicle Color)	_____ (Vehicle Make)	_____ (Vehicle Model)
-----------------------------	----------------------------	--------------------------	-------------------------	--------------------------

NO TRANSIENT VENDOR SHALL ENGAGE IN SELLING GOODS OR SOLICITING ORDERS FOR THE FUTURE SALE OF GOODS AT ANY PLACE IN MADISON TOWNSHIP DURING THE PERIOD FROM ONE HALF (1/2) HOUR AFTER SUNSET UNTIL 9:00 AM. THIS PERMIT IS VALID FOR NINETY (180) DAYS FROM THE TIME IT WAS ISSUED.

I have read the statements made herein and to the best of my knowledge, all statements are true.

Applicant's Signature: _____ Date: ____/____/____

Applicant's Print: _____

Zoning Inspector: _____ Check # _____ Permit # _____