

# APPLICATION FOR TRANSIENT VENDOR PERMIT

Lawrence Township, Tuscarawas County, Ohio

Office of the Clerk

\*\*\*\*\* NOTE \*\*\*\*\*

PER LAWRENCE TOWNSHIP TRUSTEE RESOLUTION 35-02, DATED OCTOBER, 31, 2002,  
ANY PERSON, WHETHER TOWNSHIP RESIDENT OR OTHER, MUST APPLY FOR, BE GRANTED  
AND PAY THE SET FEE, FOR A TRANSIENT VENDOR PERMIT IN ORDER TO SOLICIT OR SELL ANY  
GOODS, WARES OR MERCHANDISE WITHIN LAWRENCE TOWNSHIP.

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Application Number: 2022- \_\_\_\_\_

Fee: **\$75.00**

Applicant Name: _____		Age: _____
Permanent Address: _____		Phone: _____ - _____ - _____
City: _____		
State: _____	Zip: _____	
IF NOT A LOCAL RESIDENT, PLEASE PROVIDE LOCATION WHERE STAYING LOCALLY:		
Hotel or Person's Name: _____		
Local Address: _____		
City: _____		
State: _____	Zip: _____	
Business Name: _____		
Address: _____		Phone: _____ - _____ - _____
City: _____		
State: _____	Zip: _____	
Vehicle Make: _____ Model: _____ Year: _____ Color: _____ License Plate # and State: _____		

Nature of the goods and/or products being sold or services being provided:		
_____		
_____		
If farm or orchard products:		
Grown by applicant or business represented:		YES NO
Location Grown:	City: _____	State: _____

Permit Issue Date: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

(Per Resolution 35-02, period cannot exceed 6 months, and is revocable at any time by the Clerk )

\_\_\_\_\_  
Clerk or Designee

\_\_\_\_\_  
Date

## APPLICATION FOR TRANSIENT VENDOR PERMIT

Application Number: 2022- \_\_\_\_\_

### Additional Persons Soliciting on this Permit

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF NOT A LOCAL RESIDENT, PLEASE PROVIDE LOCATION WHERE STAYING LOCALLY:

Hotel or Person's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate # and State: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF NOT A LOCAL RESIDENT, PLEASE PROVIDE LOCATION WHERE STAYING LOCALLY:

Hotel or Person's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate # and State: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF NOT A LOCAL RESIDENT, PLEASE PROVIDE LOCATION WHERE STAYING LOCALLY:

Hotel or Person's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate # and State: \_\_\_\_\_