## **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.

Application Number:	2024			Fee:	\$75.00
Applicant Name:			Ag	e:	
Permanent Address:			_		
			Phone:	-	-
City:					
State:	Zi	 n:	<del>_</del>		
	DENT, PLEASE PROVIDE LO	CATION WHERE	STAYING LOCAL	LLY:	
Hotel or Person's Nam			_		
Local Address:			_		
			_		
City:			_		
State: _	Zi	p:	<u> </u>		
Business Name:					
			_		
Auni coo.			- Phono:		
City.			Phone:		
City:	Zi		_		
ے اماد۔ _	<i>L</i> ı	b:	_		
Vehicle Make:	Model: Year:	Color:	License Plate # an	nd State:_	
Nature of the goods a	nd/or products being sold	or services being	nrovided:		
Tracai e o. ae ge :	indioi producto 2 2	0, 20, 1, 22, 2	5 P. C. 1. C. C.		
If farm or orchard pro	 ducts:				
•	business represented:	YES	NO		
, · · ·	City:				
20 000000000000000000000000000000000000					
	*** FOR TOWNS				
Permit Issue Date:		Permit Expiratio			
(Per Resolution	n 35-02, period cannot exceed 6 m	nonths, and is revoca	able at any time by	the Clerk )	
<u> </u>			<del></del>		
Clerk or Designee		Date			Page 1
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Application Number: 2024-

## **Additional Persons Soliciting on this Permit**

Applicant Name:	Age:				
Permanent Address:					
C:L				Phone:	
City:			in•		
IF NOT A LOCAL RESII Hotel or Person's Nan				ERE STAYING LOCALLY:	
Local Address:					
Local 7 laal C55.					
City:					
State: _					
Vehicle Make:	Model:	Year:	Color:	License Plate # and State:	
Applicant Name:				Age:	
Permanent Address:					
C:L				Phone:	
City:					
				ERE STAYING LOCALLY:	
Hotel or Person's Nam Local Address:					
Local Addi ess.					
City:					
State: _		Z	ip:		
Vehicle Make:	Model:	Year:	Color:	License Plate # and State:	
Applicant Name:				Age:	
Permanent Address:				<del></del>	
<b></b>		<del> </del>		Phone:	
City:					
State: _	·			<del></del>	
IF NOT A LOCAL RESID		Z	ip:		
	DENT, PLEASE F			ERE STAYING LOCALLY:	
Hotel or Person's Nam	DENT, PLEASE F	PROVIDE LO			
Hotel or Person's Nam Local Address:	DENT, PLEASE F	PROVIDE LO	CATION WH		
Local Address:	DENT, PLEASE F	PROVIDE LO	OCATION WH		
	DENT, PLEASE F	PROVIDE LO	OCATION WH		