## 90 DAY TRANSIENT VENDORS APPLICATION/PERMIT

## SYCAMORE TOWNSHIP 8540 Kenwood Road Sycamore Twp., OH 45236 (513) 791-8447

| Fee \$75 per person                         | Date Issued                                  | Expiration Date   |  |
|---|--|---|--|
| Name of Individual _                        |  |   |  |
| Home Address                                |  |   |  |
| Home Telephone No_                          |  |   |  |
| Name of Company                             |  |   |  |
| Type of Business                            |  |   |  |
| Business Address                            |  |   |  |
| Telephone No                                |  |   |  |
| Product or Service                          |  |   |  |
| Length of time desired                      | d (not to exceed 90 d                        | days)   |  |
| You must have this pexhibit the same upo    | · _  | ID with you at all times whesident.   | en soliciting and shall                              |
| Applicant and any a                         | gent must provide (                          | current copy of criminal his  | story check.   |
| <b>Authorized Hours:</b>                    | 8:00 AM - 7:00 P                             | <u>PM</u>   |  |
| the Township reserv<br>state laws, Board of | es the right to revol<br>Health regulations, | inety (90) days throughout<br>ke the permit at any time for<br>Township resolutions, spec<br>and lists, and/or for comple | or failure to comply with cial conditions stipulated |
|   |  | Authorized and Approv   | ed by:   |
|   |  | Administrator<br>Greg Bickford  | Date   |
| Approved ( )                                | Denied ( ) Date                              | e   |  |
| Rasson danied                               |  |   |  |