



Shawnee Township Zoning Department

2530 Fort Amanda Road, Lima, Ohio 45804
419-991-8706 / E-Mail zoning@shawneetownship.com

Vendor Application

Fee \$75.00

For Office Use Only:	Temporary / Transient Vendor Permit No.
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APPLICANT INFORMATION:

A. Name: _____
 Address: _____
 Telephone No: _____ E-Mail: _____

B. Business Name: _____
 DoingBusinessAs: _____
 Business Address: _____
 Telephone No: _____
 E-Mail Address: _____

C. School Name: _____
 SchoolItemBeingSold: _____
 DurationofSale: StartDate: _____ EndDate: _____
 TeamLeader: Name _____ Phone No.: _____
 School Rep.Granting Approval _____ Phone No. _____

(SCHOOL'S ONLY COMPLETE SECTIONS – A, B, C ONLY)

Vendor Information

Seller/Vendor's Name: _____
 NicknameorAlias: _____
 Sellers Home Address: _____
 If Transient- Currently Residing at Address: _____ Contact No. _____
 Sellers City/ State/Zip: _____
 Social Security No.: _____
 Date of Birth: _____ Age: _____
 Driver License No. _____ State: _____
 Current Picture IDAttached? Yes _____ No _____ If No, Explain _____
 Are You Bonded? Yes No If Yes, through what Company: _____ Proof Attached? _____
 Have you sold Items in Shawnee Township Before? Yes No If Yes, What and When _____
 Physical Description: Sex: Male _____ Female _____ Hgt. _____ Wgt. _____ Hair _____ Eyes _____
 Is Vehicle Being Used : Yes _____ No _____
 If Yes, Vehicle Being Used – Vehicle Year: _____ Make _____ Model _____ Color _____

Vehicle LicensePlate No.: _____ State: _____ Insured? Yes _____ No _____ Vehicle Style(2dr,4dr,Trk) _____

Name of Insurance Company: _____

Proof of Financial Responsibility _____

NOTE: PROOF OF FINANCIAL RESPONSIBILITY / LIABILITY INSURANCE MUST BE ATTACHED

Will Business Activity Be Conducted Inside Motor Vehicle or Door to Door Sales? Yes _____ No _____

If Yes, Please Describe: _____

Please Identify Areas of Shawnee Township You Will Be Selling or Conducting Vendor Activity: _____

Will You Be Sole Vendor or Others Assisting You In Selling Merchandise? _____

***Please Identify All Persons Assisting In Selling Merchandise or Vending Activity with You (OTHER THAN SELLER)**

1. Co-Seller –Vendor Name: _____

Co-Seller –Vendor Address: _____

If Transient –Currently Straying at: _____ Phone No. _____

Co-Seller- Vendor City / State / Zip: _____

Co-Seller – Vendor Social Security No _____ Date of Birth _____ Age: __ Driver

License No.: _____ State _____

Male () Female () Hgt: _____ Wgt. _____ Hair _____ Eye Color _____

Current Picture ID Attached to Application? Yes _____ No _____ If No, Explain _____ Are You Bonded? Yes No

If Yes, through what Agency: _____ Proof Attached? _____

2. Co-Seller –Vendor Name: _____

Co-Seller –Vendor Address: _____

If Transient –Currently Straying at: _____ Phone No. _____

Co-Seller- Vendor City / State / Zip: _____

Co-Seller – Vendor Social Security No _____ Date of Birth _____ Age: __ Driver

License No.: _____ State _____

Male () Female () Hgt: _____ Wgt. _____ Hair _____ Eye Color _____

Current Picture ID Attached to Application? Yes _____ No _____ If No, Explain _____ Are You Bonded? Yes No

If Yes, through what Agency: _____ Proof Attached? _____

3. Co-Seller –Vendor Name: _____

Co-Seller –Vendor Address: _____

If Transient –Currently Straying at: _____ Phone No. _____

Co-Seller- Vendor City / State / Zip: _____

Co-Seller – Vendor Social Security No _____ Date of Birth _____ Age: __ Driver

License No.: _____ State _____

Male () Female () Hgt: _____ Wgt. _____ Hair _____ Eye Color _____

Current Picture ID Attached to Application? Yes _____ No _____ If No, Explain _____ Are You Bonded? Yes No

If Yes, through what Agency: _____ Proof Attached? _____

The Applicant / Bearer of this Application Form have been registered with the Shawnee Township Board of Trustees, Shawnee Township Zoning Department, and Shawnee Township Police Department. The below approved individuals are authorized to conduct temporary and / or transient vendor activities within Shawnee Township, between the days of the week of Sunday through Saturday, between the hours of 9:00AM to 7:30 PM within the unincorporated areas of Shawnee Township. This permit is valid for a period of 90 days from date of issuance from the Zoning Department, and will bear an Expiration Date of this Permit.

A Vendor that violates the regulations of Shawnee Township Resolution 32-06 shall be guilty of a minor misdemeanor in accordance with Ohio Revised Code 505.99. A Photo ID as well as a copy of this application and related documents shall be on the vendor's person as well as any co-sellers at all times while conducting business within the unincorporated areas of Shawnee Township, Ohio.

It is understood and agreed by this applicant that any error, misstatement, misrepresentation of material fact, with or without intent, such as might and/or would cause a refusal of this application, or any material alteration in the accompanying documents submitted subsequent to the issuance of this Vendor Permit, shall constitute sufficient grounds for the revocation of such certificate.

The Applicant and / or all Co-Sellers / Vendors will have Wants / Warrant / Computer Check PRIOR To any permit being issued.

Date:

Vendor's Signature:

