

#TVR009 _____

TRANSIENT VENDOR'S REGISTRATION

The bearer is registered with the Shawnee Township Board of Trustees and the Shawnee Township Police Department, and is permitted to do business between the hours of 9:00 a.m., and 7:30 p.m. within the unincorporated areas of Shawnee Township. This permit shall be valid for ninety (90) days from the date of issuance.

Company Name _____ Phone _____

Company Address: _____

Seller's Name: _____ Phone _____

Seller's Address: _____

Seller's Email: _____

Social Security Number: _____ Driver's License # _____

Date of Birth: _____ () Male () Female Height _____ Hair _____ Eyes _____

Vehicle Used: Year: _____ Make: _____ Color: _____ License: _____

Name of Insurance Company _____

Proof of Liability Insurance Attached: _____

Tax Exemption Claimed Under ORC 5709.04? () YES () NO Proof Attached: _____

A vendor that violates the regulations of Shawnee Township Resolution 32-06 shall be guilty of a minor misdemeanor in accordance with ORC. 505.99.

Registration ID (a copy of this Registration) must be on the vender's person at all times for business conducted within the unincorporated areas of Shawnee Township

_____ Date _____ Vendor's Signature

Picture ID (Driver's License) Copied: _____ ID Checked - Valid? () YES () NO

Background, Wants and Warrants Checked (STPD): _____

\$75.00 Fee Paid _____ Check # _____ Copy to Dispatch: _____

_____ Date _____ For Shawnee Township

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Page 2

Sellers other than Applicant:

Seller's Name: _____

Seller's Address: _____

Social Security Number: _____ Driver's License # _____

Date of Birth: _____ () Male () Female Height _____ Hair _____ Eyes _____

Seller's Name: _____

Seller's Address: _____

Social Security Number: _____ Driver's License # _____

Date of Birth: _____ () Male () Female Height _____ Hair _____ Eyes _____

Seller's Name: _____

Seller's Address: _____

Social Security Number: _____ Driver's License # _____

Date of Birth: _____ () Male () Female Height _____ Hair _____ Eyes _____

Seller's Name: _____

Seller's Address: _____

Social Security Number: _____ Driver's License # _____

Date of Birth: _____ () Male () Female Height _____ Hair _____ Eyes _____

Seller's Name: _____

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Social Security Number: _____ Driver's License # _____

Date of Birth: _____ () Male () Female Height _____ Hair _____ Eyes _____

Seller's Name: _____

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Date of Birth: _____ () Male () Female Height _____ Hair _____ Eyes _____