

**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: \_\_\_\_\_ Age: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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: \_\_\_\_\_

**\*\*\* FOR TOWNSHIP USE ONLY \*\*\***

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:      2024- \_\_\_\_\_

### 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: _____	
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City: _____	
State: _____ Zip: _____	
Vehicle Make: _____ Model: _____ Year: _____ Color: _____ License Plate # and State: _____	