



**PERRY TOWNSHIP POLICE DEPARTMENT  
FRANKLIN COUNTY  
TRANSIENT VENDOR APPLICATION**



Name		Date of Birth	
Home Address	City	State	ZIP
Home Phone	SSN	Gender	

Representing (Company Name)		
Company Address	City	State
Phone Number	Email Address	
Supervisor Name	Supervisor Title	
Describe Product / Service		

Verification from company. Applicant is authorized to sell, offer for sale, or solicit order for its goods within Perry Township.

<b>Statement &amp; Waiver</b>
The undersigned certifies that the information provided herein is true and correct, that the applicant has read the regulations for transient vendors, and that the applicant possesses all licenses and permits required for sale of goods and services described above.
_____
Applicant Signature

**THIS PERMIT MUST BE IN POSSESSION OF VENDOR DURING SALES ACTIVITY AND MUST BE PRODUCED WHEN REQUESTED**

Approved	Denied
_____	_____
Reviewed by	Date



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FRANKLIN COUNTY**



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**APPLICANT'S PERSONAL INFORMATION**

1)

Name		Date of Birth	
Current Address	City	State	ZIP
Other Address in Last 3 Years	City	State	ZIP
Driver's License No.	SSN		
Race/Ethnicity		Gender	
Height	Weight	Hair Color	

2)

Name		Date of Birth	
Current Address	City	State	ZIP
Other Address in Last 3 Years	City	State	ZIP
Driver's License No.	SSN		
Race/Ethnicity		Gender	
Height	Weight	Hair Color	

3)

Name		Date of Birth	
Current Address	City	State	ZIP
Other Address in Last 3 Years	City	State	ZIP
Driver's License No.	SSN		
Race/Ethnicity		Gender	
Height	Weight	Hair Color	

USE ADDITIONAL PAGES IF NECESSARY

**ALL INFORMATION MUST BE PROVIDED FOR EVERY INDIVIDUAL WHO WILL BE SOLICITING**