VILLAGE OF MT. ORAB 211 SOUTH HIGH STREET P.O. BOX 466 MT. ORAB, OHIO 45154

APPLICATION FOR VENDOR'S PERMIT

Directions: Complete form and submit payment prior to issuance of permit. Make check payable to the **Village of Mt. Orab. Permit Fee: \$30.00** Application must be submitted three (3) business days prior to issuance of permit. Permit valid for 90 days from issuance.

	Federal Employer Identification No		Social Security/Other No			
1. T	ype of Ownership	Sole Owner Other:	Partnership	Corpo	ration	
2. P	eriod requesting ve	endor's sales permit:	tc)		
	egal name:	'				
	rade name (DBA)					
	rimary address:					
	•	Street	City/S	State	Zip	
O. IV	failing address:	Street	City/S	State	Zip	
7. P	hone Numbers: Pr	imary	Alternate	:		
8. N	lature, character an	d quality of goods or ser	vices offered:			
_						
9. N	lature of advertising	proposed to be done for	or the busines <u>s:</u>			
	escription and pho		Height	Weight	Hair	Eyes
		f valid driver's license or state i	dentification card.	NA-1 /NA1		
11 V	ehicle information:		Linanaa Num	Make/Model		Year
12. H	Color las applicant been (convicted of any crime o	License Num r misdemeanor?	Yes		tate No
		nd nature of each offens				
	Date	Nature of Of	fense	Pe	enalty	
_						
. –		(M) 0 1 0 E	101 10	1.0. 1.0		.
		age of Mt. Orab Ordinan e. Payment of the Temp				
		permit. Failure to comp				
immedi	iate canceling of the	e permit without refund.	The undersigned has i	ead and agrees	to these tern	ns.
	ate carroening or the		0	•		
Signed			Data:			
Signed			Data:			
	:		Date:			
	ed:	For	Date:			
	ed: Poli		Date:			

Copy Distribution: White - Police Pink - Applicant Yellow - Office

Bckgnd Ck by: _____ Date: ____