

TRANSIENT VENDOR / TEMPORARY STORE APPLICATION

Perkins Township Community Development
 2610 Columbus Ave., Perkins Township, OH 44870
 www.perkinstownship.com (419) 609-1435

*Must download and save application before the signature or submittal options are available.



APPLICANT INFORMATION			Applicant to include:
APPLICANT NAME			1. Completed application 2. List of goods to be sold. 3. Site plan 4. Signage 5. Beginning and Ending dates 6. Hours of Operation 7. Name, home and business address of vendor, include contact information. 8. Information sheet for each operator/employee. 9. Erie County Health Department License. 10. Written authorization from property owner stating that the applicant can operate a temporary store on said property. Letter should contain applicant's name and operation dates for the temporary store. Authorization should be signed and dated and include a contact phone number for the property owner. 11. \$150 non-refundable fee.
APPLICANT ADDRESS			
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
VENDOR INFORMATION			
VENDOR NAME			
VENDOR ADDRESS			
(CITY STATE ZIP)			
PHONE			
EMAIL ADDRESS			
ADDITIONAL INFORMATION			
Type of Goods offered for Sale:	Vendor License Number:		
	Issued by:		
LOCATION OF TEMPORARY STORE			
<p>Temporary stores are required to submit a site plan. The site plan should include the following information: (1) The location and dimensions of the three (3) required parking spaces dedicated for the temporary store; (2) The location of electrical service and water supply; (3) The distance between the temporary store to the roadway and any other structures on the lot; (4) The location of any signage; and (5) The location of a permanent electrical service, as required by the National Electrical Code. The electrical service shall be located adjacent to the temporary store.</p> <p>Temporary stores shall submit a written authorization from the property owner.</p>			
Beginning Date:		Ending Date:	Hours of Operation:
<p>Non-refundable fee is \$150 PAID BY: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card Transactions paid using a credit or debit card shall be subject to a non-refundable convenience fee equal to five percent (5%) of the amount of the transaction to be added to the total amount otherwise to be paid.</p>			
APPLICATION AUTHORIZATION			
<p>**I hereby certify that I am the owner or agent for the owner and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with the application should be sent to my attention at the address shown above.</p>			
PRINT: Owner/Agent		DATE:	
SIGNATURE: Owner/Agent			
STAFF REVIEW			
Submittal Date: <input type="radio"/> Walk In <input type="radio"/> Mailed <input type="radio"/> Emailed			Processed By:
Signature		Title	Date