

**BAINBRIDGE TOWNSHIP
17826 Chillicothe Road
Chagrin Falls, Ohio 44023**

**APPLICATION FOR TRANSIENT VENDOR
CERTIFICATE OF REGISTRATION**

RESOLUTION

No person, business, organization, or entity is permitted to do the following until issued a Transient Vendor Certificate of Registration by the Bainbridge Township Board of Trustees.

- Open a temporary place of business
- Includes food trucks or other moveable or mobile business location
- Travel door to door either by foot or vehicle, or call upon any business places, private residences, or other persons or entities within Bainbridge Township, with the intent to sell or offer for sale any goods, solicit orders for future delivery of goods, or arrange an appointment for a future estimate or sales call.
- Travel door to door, either by foot or by vehicle, or call upon any business places, private residences, or other persons or entities within Bainbridge Township, with the intent to obtain funds or commitments for any cause whatsoever.

Transient Vendor Permits, licenses, certificates of registration, or similar instruments issued by other communities or governmental entities are not valid in Bainbridge Township.

Transient Vendor Certificates or Registration issued by Bainbridge Township are issued for a limited period of time. Any person, business, organization, or entity that conducts any Transient Vendor activities beyond the specified time period is subject to prosecution.

When Bainbridge Township issues a Transient Vendor Certificate of Registration to the applicant, that person or business will be issued a list of rules and regulations that all persons conducting the Transient Vendor activities on behalf of the applicant must follow. Any Transient Vendor found in violation of any of these rules will immediately be prohibited from conducting further Transient Vendor Activities and could be subject to prosecution.

APPLICANT INFORMATION

Name: _____

Address: _____

City, State, ZIP Code: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ ID type and number OR SSN: _____

BUSINESS INFORMATION

Name of Business: _____

Address: _____

City, State, ZIP Code: _____

Phone number(s): _____

Type of Firm: _____ State of Formation: _____

Tax ID Number: _____

If sales will be made under another company name, such as a subsidiary, or any name different from the name supplied above, please provide that name(s) here: _____

Please provide a description of the proposed dates, times, and locations of the peddling and/or soliciting activities to be conducted by the transient vendor applicant or the location of the temporary place of business:

Please provide a description of the clothing, uniform, or identifying marks, brands, or logos that will be worn or displayed in connection with any peddling or soliciting conducted by the transient vendor applicant or her representatives. _____

Please describe the foods or services to be sold: _____

Has the applicant, or any of the persons who will be working as a peddler or solicitor in Bainbridge Township on behalf of the applicant or the firm previously been convicted of a criminal act classified as a felony or misdemeanor involving moral turpitude within the last five (5) years? If so, provide a description of the nature of the offense and the date and location of the same.

*If more space is needed, please use a separate sheet of paper.

PEDDLERS/SOLITORS LIST

Provide the name, address, date of birth, and EITHER the ID type and ID number OR social security number for each and every agent, contractor, representative, or other individual who will be peddling or soliciting in Bainbridge Township. If approved only the below listed individuals will be permitted to operate under the Certificate of Registration. No substitutions are permitted.

1. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

2. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

3. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

4. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

5. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

6. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

7. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

8. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

9. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

10. Name: _____
Address: _____
DOB: _____ ID TYPE AND NUMBER OR SSN: _____

*If more space is needed, please list complete information for additional persons on a separate sheet of paper.

I have completed this application truthfully and to the best of my knowledge:

APPLICANT'S SIGNATURE

DATE

If you have any questions, please call the Bainbridge Township Police Department, Records Clerk
at: 440-543-8252.

Bainbridge Township Police Department
8353 Bainbridge Road
Chagrin Falls, Ohio 44023