



CITY OF SANDUSKY, OHIO

APPLICATION FOR PUBLIC VENDING LICENSE

Applicant:

_____	_____
(Name)	(Phone)
_____	_____
(Address)	(Date of Birth)
_____	_____
(City) (State) (Zip)	(Social Security #)
_____	_____
(e-mail address)	(Employer Identification #)

Address/location where vending will take place: _____
(Address/Location)

Is the owner of merchandise different than the Applicant: Yes No

If Yes:

(Owner Name)

(Address)

(City) (State) (Zip)

Description of goods or material offered for sale: _____

Date(s) of Sale: _____ **Termination Date:** _____

Has the Applicant engaged in business (within the six-month period immediately preceding the Date of this Application) in another municipality? Yes No

If Yes, where: _____
(City) (State)

Will a motor vehicle be utilized in this vending business? Yes No

If Yes, please state:

_____	_____	_____
Year	Make	Model

Owner of Vehicle		
_____	_____	_____
Vehicle Registration #	Plate #	State

Please name two persons who may be contacted for reference purposes:

Name: _____ Address: _____

Phone: _____ Occupation: _____

Name: _____ Address: _____

Phone: _____ Occupation: _____

If there are additional employees who will work under this Vendor's License, please state:

Name: _____ Name: _____

Address: _____ Address: _____

SS#: _____ SS#: _____

D.O.B: _____ D.O.B.: _____

Driver's License # _____ State _____

Driver's License # _____ State _____

Name: _____ Name: _____

Address: _____ Address: _____

SS#: _____ SS#: _____

D.O.B: _____ D.O.B.: _____

Driver's License # _____ State _____

Driver's License # _____ State _____

Signature of Applicant. Applicant acknowledges and understands that the granting of a public vending license by the City for the approved location does not authorize the license to operate at that location during any special events conducted on City property. This may include the approved location when a fee for authorization to vend during a special event may be required to be paid to the sponsor of the special event. Certificate of Liability Insurance naming the City of Sandusky as an additional insured must be submitted with this application.

Date: _____ Signature: _____

NOTE: The Applicant may not operate until such time as a License has been issued by the City Manager.