

**Plain Township Zoning Department  
Transient Vendor Application**

Permit No. \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Address of premises where vending is to take place \_\_\_\_\_

(Permit valid only in S-1, B-1, B-2, I-1 & I-2 Districts)

Zoning District \_\_\_\_\_ Section \_\_\_\_\_

Application is hereby made to vend (Describe articles to be sold) \_\_\_\_\_

Date Fee Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date of receipt of Vendor's License for the sale of tangible personal property at retail from the Ohio Department of Taxation \_\_\_\_\_  
(Copy of Vendor's License shall be attached to this application)

If applicant is applying for a permit as an exempt entity, the following questions must be answered:

A. Is your organization operated exclusively for religious, charitable, scientific, literary, health, hospital, education or other public purposes operated exclusively for the prevention of cruelty to children or animals, or exclusively for a home for the aged, or exclusively for contributing financial support to any of the within named purposes? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please designate which purpose is applicable: \_\_\_\_\_

B. Does any part of the net earnings of your organization go to the benefit of any private shareholder, member or any other individual? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain \_\_\_\_\_

C. Does a substantial part of the activities of your business organization involve the carrying on of propaganda or otherwise attempting to influence legislation? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain \_\_\_\_\_

Please attach a copy if the Department of Taxation's approval of tax exempt status for your organization.

FEE \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Date Approved \_\_\_\_\_

\_\_\_\_\_  
Zoning Officials Signature