



**Hamilton Township  
Planning and Zoning Department**

7780 South State Route 48  
P.O. Box 699  
Maineville, Ohio 45039  
(513)683-8520

**35 DAY TRANSIENT VENDOR PERMIT  
VALID FOR ONE PERSON ONLY**

*Non Transferable – Not Valid if Photocopied*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Local Contact: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Drivers License Number: \_\_\_\_\_

Representing (*Company Name*): \_\_\_\_\_

Address: \_\_\_\_\_ Company Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length of Sales Activity: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Describe Product / Service: \_\_\_\_\_

Describe Sales Approach (door to door, phone, etc.): \_\_\_\_\_

---

---

**STATEMENT AND WAIVER**

Have you ever been convicted of a felony or a misdemeanor involving theft or fraud? \_\_\_\_ Yes \_\_\_\_ No

I hereby agree and give permission to the Hamilton Township Police Department Officers to conduct a record search.

I agree to furnish authentic documentation to establish my identity.

The undersigned hereby voluntarily assumes all risks of accidents, injuries, and of damage to his/her person and property and hereby releases and discharges HAMILTON TOWNSHIP, ITS EMPLOYEES AND AGENTS from every claim, liability, or demand of any kind.

I swear, under penalty of law, that all statements are true. I understand that this permit will be revoked if the applicant was convicted of a felony or is currently wanted by any law enforcement agency.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PERMIT EXPIRES IN 35 DAYS / \$50.00 / RECEIPT NUMBER: \_\_\_\_\_**