

Hamilton Township Police Department

7780 South State Route 48 Hamilton Township, Ohio 45039 (513) 683-0538

90 DAY TRANSIENT VENDOR PERMIT VALID FOR ONE PERSON ONLY

Right Thumb Print

Non Transferable - Not Valid if Photocopied

Name:			Date of Birth: / /
			Home Phone: ()
County:	State:	Zip:	Local Contact: ()
Driver's License Numb	ber	_ Vehicle Make/Model:	Vehicle Color:
Representing (Company	y Name):		
Address:			Company Phone: ()
City:	State:	Zip:	Length of Sales Activity:
Supervisor Name:			Contact Number: ()
Describe Product / Ser	vice:		
Describe Sales Approa	ch (door to do	or, phone, etc.):	
f Yes, Please list the charg hereby agree and give ponvestigation and records Background Approx	ermission to the search. I agree vedBackg	e Hamilton Township Police I to furnish authentic document round DisapprovedIn	Department to conduct a background ntation to establish my identity.
	•	ments are true. I understand that anted by any law enforcement a	this permit will be revoked if the applicant gency.
SIGNED:			Date:/
Approved by:			Date Approved: / /
DEDMIT EXPE		ANC / 6135 AA / DEC	CIDT NUMBED.
PERMIT EXPIRE		A 1 5 / \$125.00 / KECI	EIPT NUMBER:

<u>Door to door solicitation shall be made only between the hours of 9:00 a.m. and 7:00 p.m., Monday through Friday, and between the hour of 10:00 a.m. and 6:00 p.m., Saturday and Sunday.</u>

2 PERMITS ALLOWED PER CALENDAR YEAR

Permit may be revoked by the Administrator at any time per Resolution 18-1010B