



**Hamilton Township
Planning and Zoning Department**

7780 South State Route 48
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: (____) ____ - ____

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 misdemeanor or felony? ____ Yes ____ No

If Yes, Please list the charge, date, and location of charge(s): _____

I hereby agree and give permission to the Hamilton Township Police Department to conduct a background investigation and records search. I agree to furnish authentic documentation to establish my identity.

____ **Background Approved** ____ **Background Disapproved** ____ **Initials**

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 / \$60.00 / RECEIPT NUMBER: _____

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.