Application for Vendor's License

The undersigned hereby applies for a vendor's license from the City of Fremont, Ohio, in conjunction with Chapter 745 Temporary Stores.

Name of Applicant: _____ Phone_____

Address _____

Business Name _____

Business Address _____

Employer Identification Number of Applicant _____

Proof of Identity _____

Describe nature, character and quality of food, beverage, goods or merchandise to be sold or for which orders are to be taken: _____

_____

_____

If a company or corporation, is it chartered or licensed to do business in the State of Ohio?

Yes _____ No _____

Address of principal office of doing business in Ohio if different from above:

_____

If motor vehicle used in the vending business, provide:

Description of vehicle _____

Registration number _____ License number _____

Name and address of registered owner: _____

_____

Proposed location (s) of vending business: _____

_____

Length of time: _____

Name, address, and phone number of two (2) reliable persons who may be contacted as to the applicant's good character and reputation: _____

_____

**********REQUIRED ATTACHMENTS**********

1. Attach written consent of property owner for which business will be conducted (if applicable) Y/N
2. Provide evidence of a valid food handler's permit or food service permit from the Ohio (or County) Health Department. Y/N

_____

Fee:

Due to Administration $50.00

IMPORTANT NOTIFICATION

If any information contained in this application or attachments is invalid,

or found to be invalid at

any time, it will result in immediate revocation of application or license.

**********OFFICE USE ONLY**********

Application approved by _____, on _____ and
Safety-Service Director Date

Will remain in effect for the period of one year and expire on _____.
Date

CITY OF FREMONT
DEPARTMENT OF TAXATION
323 S. FRONT STREET
FREMONT, OH 43420
TELEPHONE: (419) 334-8969 FAX: (419) 552-5034

VENDOR'S LICENSE CERTIFICATE OF REGISTRATION

The City of Fremont, Department of Taxation certifies that _____

_____
Vendor's License Applicant

has registered with our office prior to commencing sales within the City of Fremont, and further agrees to file and pay all necessary taxes when due.

_____ _____
Social Security Number of Applicant Signature of Applicant

_____
Printed Name of Applicant

Date Stamp Here

TO BE COMPLETED BY DEPARTMENT OF TAXATION PERSONNEL

□ Approved for Certificate

□ Denied for Certificate

_____
Signature of Tax Department