BATAVIA TOWNSHIP, CLERMONT COUNTY, OHIO 1535 CLOUGH PIKE, BATAVIA, OHIO 45103

VIA TOWA

(513) 732-3888

www.BataviaTownship.org

| APPLICATION NUMBER |
|--------------------|
| GOOD FOR 90 DAYS |
| START DATE: |
| END DATE: |

SOLICITORS AND TRANSIENT VENDORS APPLICATION

(Ohio Revised Code 505.94, Resolution 06-03-2020)

\$150.00 APPLICATION FEE

| Name of Business: | Ta | Tax ID Number: | | | |
|-------------------------------|---|---------------------|---------------|-------------|--|
| Business Address: | | | | | |
| Business Telephone: | We | Website: | | | |
| Product/Service Being Sold: | | | | | |
| Applicant's Name: | | | | | |
| Applicant's Address: | | | | | |
| | | | Email: | | |
| Applicant's Identification | *Copy of all identifications will be attached to this application | | | | |
| Manager/ Supervisor Name: | | | | | |
| Manager's Telephone | Email | Email: | | | |
| Proposed Dates and Times in | n Batavia Township: | · | | | |
| Please list any vehicles used | : (use additional paր | per if necessary) | | | |
| License Plate: | Make: | Model: | Color: | Year: | |
| License Plate: | Make: | Model: | Color: | Year: | |
| ***DISCLAIMER: PLEASE BE | ADVISED THIS INFO | DRMATION MAY BE USE | D FOR WARRANT | Γ CHECKS*** | |
| I confirm that I have receive | ed, read, and under | stood this form | | | |
| Applicant's Signature | Ε | Date: | | | |
| Township Signature | | Date: | | | |