



**APPLICATION FOR VENDORS LICENSE**

CODIFIED CODE CHAPTER 860 ORDINANCE #32-89 FEE SCHEDULE ORD. # 206

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REASON FOR LICENSE APPLICATION: \_\_\_\_\_

LICENSE REQUESTED FOR:

DAYS: \_\_\_\_\_

HOURS: \_\_\_\_\_ (NOT AFTER 6 PM)

LICENSE FEES:

ASSURETY BOND:

\$13.00.....1 DAY

\$2,000.....1 DAY

\$27.00.....7 DAYS

\$5,000.....7 DAYS

\$39.00.....1 CALENDAR MONTH

\$10,000.....1 MONTH OR LONGER

\$656.00.....2 TO 12 MONTH PERIOD OF TIME

\$1.00.....RESIDENT OF CARLISLE PER CALENDAR YEAR

\$0.00.....CHARITABLE ORGANIZATION, CHURCH, CIVIC ASSOCIATIONS

APPLICATION IS HEREBY MADE FOR A LICENSE, PURSUANT TO REASON LISTED ABOVE, AND I HEREBY AGREE TO OBEY ALL ORDINANCES OF THE MUNICIPALITY OF CARLISLE AND ALL LAWS OF THE STATE OF OHIO. OTHERWISE, I UNDERSTAND THIS LICENSE MAY BE REVOKED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

LICENSE HOLDERS (LIST EACH INDIVIDUAL'S NAME):

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

VEHICLES USED:

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_