



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:

SURETY BOND:

\$16.20.....1 DAY

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

\$33.10.....7 DAYS

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

\$47.80.....1 CALENDAR MONTH

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

\$115.70.....3 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: _____