

# City of Vandalia Department of Development & Engineering Services 333 James E. Bohanan Memorial Drive Vandalia, OH 45377 937.898.3750 | F 937.415.2319

# **VENDOR LICENSE APPLICATION**

## About this Application: **ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**

### Submittal\*\*

Please bring in or mail a **complete** application and \$50.00 application fee to the address above. *Applications must be notarized.* Cash, credit card, and checks are accepted. Make checks payable to "City of Vandalia". *There are no refunds.* 

\*\*If more than one person is vending, soliciting or peddling for a particular business, each individual must apply for a separate license.\*\*

### **Approval Process**

Vendor License Applications are reviewed by the City Manager's Office and City of Vandalia Police Department. Efforts will be made to process complete applications within two business days.

If your application is approved the Vendor License will be issued. An additional \$50.00 fee will be collected when a license is issued. There are no refunds. LICENSE MUST BE WORN AT ALL TIMES WHILE CONDUCTING BUSINESS IN THE CITY OF VANDALIA.

### **Contact Information**

If you have any questions about the Vendor License, please contact the Department of Development and Engineering Services between 8:00 a.m. and 5:00 p.m., Monday-Friday at 898-3750.

### **Additional Contact Information**

Department	Phone
Police	937-898-5868
City Manager's Office	937-898-5891
Finance	937-898-5891

### Please submit the following items for a complete application:

Two (2) copies of a photograph of applicant taken within sixty days immediately prior to fling data of

application. Must be 2" x 2" showing head and shoulders of applicant in a clear and distinguising manner.				
\$50.00 Application Fee				
Application completely filled out and notarized				
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Applican	t Information				
Applicant Name: Address:		Birt	Birthdate: Phone:		
		Pho			
City/State/Zip:		Ema	Email:		
Sex:	Weight:	Height:	Hai	r Color:	Eye Color:
Employe	r Information (if en	nployed)			
Employe	r Name:				
Address of Employer:		Pho	Phone:		
City/State/Zip:		Ema	Email:		
Vehicle D	escription (that w	ill be operated under	the license	e being applied for)	
Make:		Мо	Model:		
License Plate No.:		Sta	State of Registration:		
Proposed	Activity Descripti	on			
Provide a	a brief description	of the nature of the b	ousiness an	d goods and/or ser	vices to be sold:
Place wh	ere goods or prop	erty is proposed to b	e sold AND	D/OR where you pro	ppose to take orders:
Length c	of time you will cor	nduct business with t	his license:		
How will	the products sold	be delivered?			
Where ar	e the products tha	nt you are selling prod	duced?		

Applicant Information	
Have you been convicted convicted of a felony or misdemeanor or a sexual oriented offense crimes, sexual abuse, rape, gross sexual oriented offense crimes, sexual oriented orient	_
If yes, give the nature of the offense, name of court and location, conviction:	date and penalty for <b>every</b> such
I do hereby solemly swear that all of the information contained in the and that no information requested has been withheld or falsified in	• • •
Applicant Name(printed)	
Applicant Signature	Date
Sworn to and subscribed before me, a Notary Public, this	day of
Notary Name(printed)	
Notary Signature	
Commission Expiration Date	

Application #\_\_\_

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SEAL HERE

STAFF ONLY		
Chief of Police Review		
Approved Denied Comments:		
Chief of Police Signature	Date	
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City Manager Review		
Approved Denied Comments:		
City Manager Signature	Date	
\$50.00 License Fee Date		
License #	Receipt #	