



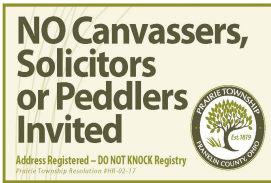
**Prairie Township Zoning Office**  
 25 Maple Drive  
 Columbus, Ohio 43228  
 (614) 878-3317  
 (614) 878-0566 Fax  
 www.prairietownship.org

PERMIT NO. _____
DATE FILED _____
EXP DATE _____

**TRANSIENT VENDORS REGISTRATION FORM AND PERMIT  
 PERMIT EXPIRES 90 DAYS FROM THE DATE IT IS ISSUED**

**Door-to-Door Fees:** \$150 per person, maximum of twelve (12) per organization at one time, limited to ninety (90) consecutive days. Must submit a background check for each individual (**Franklin County Criminal & Court Records, 345 S High Street, Columbus, Ohio 43215, 614-525-3453**). **Operating Hours:** 9am-6pm Monday-Friday, 9am-4pm Saturday, No solicitations on Sundays or Holidays.

**All Others:** \$150 per location, limited to ninety (90) consecutive days. May not sell, offer for sale, or solicit orders for future delivery of goods from the temporary place of business between the hours of 9pm-7am. Not permitted in an area that is zoned for a use other than retail business. **Must have property owners written permission to establish a fixed temporary place of business at the subject location.**



**DO NOT KNOCK REGISTRY:** Vendors are prohibited from knocking on the doors of any address that is on the Do Not Knock registry list located on the Township's website. **It is the responsibility of the vendor to be aware of which addresses are registered by viewing the list located on the Township's website and/or observing the sticker located at the residence.** (See example)

**PENALTIES FOR VIOLATIONS:** Penalties include revocation of transient vendor for first offence, \$100 fine second violation, \$250 fine for 3<sup>rd</sup> and subsequent violations.

**APPLICANT PERSONAL INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Current Permanent Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Other Address in Last 3 Years: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

**COMPANY INFORMATION:**

Representing (Company Name): \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Company Phone: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

**DESCRIBE PRODUCT/SERVICE:** \_\_\_\_\_

Describe Sale Procedure / Approach (Door to Door, Informal Drop-off, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLACEMENT OF BROCHURES AND OTHER MATERIALS IS ONLY PERMITTED ON THE HOME.**

**Verification from company, applicant is authorized to sell,  
 offer for sale, or solicit order for its goods within Prairie Township.**

**STATEMENT AND WAIVER**

The undersigned certifies that the information provided herein is true and correct, that the applicant has read the regulations for transient vendors, and that applicant possesses all licenses and permits required for sale of goods and services described above.

The undersigned also hereby voluntarily assumes all risks of accidents, injury and/or damage to his/her person and property and hereby releases and discharges Prairie Township officials, employees and agents from every claim, liability or demand of any kind.

Date:

Applicant Signature

**THIS PERMIT MUST BE IN THE POSSESSION OF THE VENDOR DURING ANY SALE ACTIVITY AND REGISTRATION CARD MUST BE VISIBLE AT ALL TIMES WHEN ON PRIVATE PROPERTY.**

**ALL INFORMATION MUST BE PROVIDED FOR EVERY INDIVIDUAL OPERATING TOGETHER FROM THE SAME COMPANY UP TO TWELVE (12). NO MORE THAN TWELVE (12) MAY OPERATE AT ONE TIME.**

aa

**FOR OFFICIAL USE ONLY**

Approved: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_