

1400 APPLICATION FOR A TRANSIENT VENDORS PERMIT

**BOSTON TOWNSHIP
PO BOX 123
PENINSULA, OH 44264**

1401 VENDORS PERMIT APPLICATION

Name_____

Address_____

Phone_____Date_____

Authorized Agent_____

Address (if different)_____

Description, Plans and Specifications_____

Items to be Sold:_____

Activity Starting Date_____Activity Ending Date_____

If required, Summit County Permit No._____

Hold Harmless Insurance Certificate_____

For Township Use:

Permit Number_____Issue Date_____Expiration Date_____

Fee Collected \$_____By_____