

Village of Peninsula

Office of the Mayor

APPLICATION FOR A TRANSIENT VENDORS PERMIT

Applicant's Name: _____

Address: _____

Location for Permit: _____

Phone: _____ Cell Phone: _____

Authorized Agent: _____

Address (if different): _____

Description, Plans and Specifications:

Items to be sold: _____

Activity start date: _____ Activity end date: _____

If required, Summit County Permit No. _____

Hold Harmless Insurance Certificate: _____

For Village Use Only:

Permit No. _____ Issue Date: _____ Expiration Date: _____

Fee Collected: _____