



**VIENNA TOWNSHIP  
TRANSIENT MERCHANTS/ PEDDLERS LICENSE  
APPLICATION**

<b>APPLICANT INFORMATION:</b>	
Applicant's Name:	Phone:
Name of Business	
Phone Number:	Fax Number:
Describe the Nature of the Business:	
Location of Sale:	
If Farm Products, is product grown by Applicant? _____	
Period of Time Desired for License:	From: _____ To: _____ <i>(not to exceed 6 months)</i>
Has Applicant ever been convicted of any Crime, Misdemeanor, or violation of any Municipal Ordinance? Yes _____ No _____	
If Yes, state the nature of the offense and the punishment or penalty assessed therefore:	

APPLICANT MUST PROVIDE THE FOLLOWING TO THE VIENNA TOWNSHIP CLERK:

1. A Certificate of Insurance, naming the Township as an insured party, providing comprehensive liability insurance satisfactory to the Township, in the amount of 1 million dollars.
2. A document which establishes the legal right to use the premises where the license is to be posted, such as a rental agreement, lease or land contract.
3. A drawing is prepared to scale as required by Ordinance.
4. A statement by the Applicant, setting forth the type of business to be conducted, and stating that the business to be conducted is not intended to cheat or defraud the public.
5. A cash security deposit or surety bond in the amount of \$1,000.00

I, \_\_\_\_\_, do hereby certify that all the above statements are true and accurate to my knowledge and if any statement herein is found to be deliberately false, I acknowledge that said false statement shall be deemed a violation of Ordinance Number 388, Chapter 20, Article III and can be used against me in a court of law. I also acknowledge that I have received and read Ordinance No. 388, Chapter 20, Article III, and understand and promise to follow the stipulations described in such Ordinance.

\_\_\_\_\_  
Signature of Applicant

Office Use Only

Signature of Receipt: _____
Date of receipt of Application to Clerk: _____
Date of receipt of Application to Sheriff's Department: _____
Date of receipt of application returned to Clerk: _____