ROOTSTOWN TOWNSHIP ZONING DEPARTMENT APPLICATION FOR TEMPORARY VENDOR

		Date Filed
		Permit #
NAME OF APPLICANT:		
NAME OF BUSINESS/VENDOR:		
MAILING ADDRESS:		
PHONE NUMBER (HOME)	(BUSINESS)	
DESCRIPTION OF BUSINESS/VENDOR:		
PROPOSED LOCATION & ADDRESS:		
HOURS OF OPERATION:		

Current Requirements for Temporary Vendors – Section 230.08:

- A. A person who opens a temporary place of business for the sale of goods or services shall be permitted for a period not to exceed 4 days per month, per location, per permit, exempting the township parks.
- B. Are permitted at shows, fairs, flea markets, church festivals, or similar events that have completed an Application for Temporary Vendor Form (Trustees Resolution No. 2011-163) and which has to be approved and signed by the Zoning Inspector.
- C. Registration shall be valid for 90 days from the date of the application approved by the zoning inspector.
- D. In carrying on activities in this township, a temporary vendor shall not:
 - a. Obstruct or interfere with public travel on, or public use of any public street, road, sidewalk or way;
 - b. Enter any private premises or parts of premises where entry is prohibited by notice or which are manifestly restricted to uses which are incompatible with the vendor's activities;
 - c. Remain on premises or parts of premises after notice to depart;
 - d. Possess, sell, offer to sell, or solicit orders for any product or thing in violation of the law.
 - e. This section replaces Trustees Resolution # 1991-118.

Current temporary vendor fee is \$50. (Check payable to Rootstown Township Trustees)

^{*}Use attached sheet to list multiple locations.

^{*}Food truck or trailer shall be parked in a legal designated parking space, as approved on the plot plan for the parcel, outside the road right-of-way.

Signature of v	endor:			Date:
Signature of p	roperty owner:			Date:
Signature of b	usiness owner:			Date:
Signature of zoning inspector:			Date:	
Dates of Open	ration:	(4 days per	r calendar mont	th)
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Any operation on dates not approved by the Township shall result in a cancellation of this permit and shall be subject to the Township Zoning Resolution regarding ORC 519.99.

For Multiple Addresses:			Permit #		
Signature of vendor:			Date:		
Signature of property owner:			Date:		
Signature of business owner:			Date:		
Signature of zoning inspector:			Date:		
Dates of Ope	eration:	(4 days per	· calendar mon	th)	
January					
February					
March					
April					
May					
June					
July					
August					
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October					
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