

**MADISON TOWNSHIP POLICE DEPARTMENT**

**TRANSCIENT VENDOR APPLICATION**

- 1) Please read the attached Vendors' Ordinance before completing this application.
- 2) Complete this section of the application, and give a phone number in the upper right hand corner where we may contact you in the next 72 hours.
- 3) When finished, please read and initial each item in the gray column to the right.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Personal Permanent Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Personal Permanent Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ DR # \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Name of Company, Firm or Business: \_\_\_\_\_

Address: \_\_\_\_\_

Business Ph# \_\_\_\_\_

Type of Goods/Services for Sale: \_\_\_\_\_  
\_\_\_\_\_

IF NOT A LOCAL RESIDENT: Name, Address, Phone # of LOCAL temporary home or business:

\_\_\_\_\_

Name

Street Address

\_\_\_\_\_

Phone

City State Zip Code

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Type & Color \_\_\_\_\_

Is your vehicle a large truck (semi, moving van size)? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Operator's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**To be completed by Police Department:**

Date of Application: \_\_\_\_\_ Time: \_\_\_\_\_ Employee: \_\_\_\_\_

Place checkmark when completed:

\_\_\_ Copied ID \_\_\_ \$25 fee \_\_\_ thumbprint \_\_\_ photo \_\_\_ ALERTs check

\_\_\_ NIBERS check \_\_\_ esorn checked \_\_\_ proofed by clerk

\_\_\_ application approved by 450,451

Vendor's Permit Valid for 90 days from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Time/day vendor was called to pick up permit: \_\_\_\_\_

Permit was picked up by the vendor on this date: \_\_\_\_\_

**CELL PHONE # OR OTHER PHONE WHERE WE MAY CONTACT YOU IN THE NEXT 72 HOURS**

(    ) \_\_\_\_\_

Please read each statement below and acknowledge by placing your initials in each blank. Thank you.

1. I have read the Vendor's Ordinance and was given a copy to keep. \_\_\_\_\_

initials

2. I have paid \$25 for my Vendor's Permit application fee and I understand that the permit, when issued, is valid for myself only and is valid for a length of 90 days from application. \_\_\_\_\_

initials

3. I understand that I am not permitted to solicit until I have received my permit, and that I must carry my permit at all times when soliciting in Madison Twp. \_\_\_\_\_

initials

4 I agree to abide by any NO SOLICITORS sign posted in the township and will not approach said house/businesses. \_\_\_\_\_

initials

5 I understand that I may only go door-to-door during these hours:

**Monday-Friday 9am-9pm**

**Saturday 9am – 4pm**

**Sundays/Holidays No Soliciting**

initials

6. I understand that my permit may be cancelled by the township if I give any false information, or if I violate the terms of the Madison Township Vendors' Ordinance. \_\_\_\_\_

initials