

# Watertown Charter Township

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## VENDOR LICENSE APPLICATION

APPLICANT NAME: \_\_\_\_\_

APPLICANT DATE OF BIRTH: \_\_\_\_\_

APPLICANT HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_

VEHICLE LICENSE PLATE: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

NAMES OF OTHERS WORKING WITH YOU: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF BUSINESS / NATURE OF GOODS BEING SOLD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOURS YOU WILL BE OPERATING: \_\_\_\_\_

DATE PERMIT REQUESTED: \_\_\_\_\_

HAVE YOU HAD A LICENSE REVOKED BY A MUNICIPAL AUTHORITY PREVIOUSLY?  YES  NO

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PLEASE PROVIDE THE NAMES OF THREE LOCAL REFERENCES OR REFERENCES FROM THE AREA IN WHICH YOU NORMALLY DO BUSINESS:

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BY SIGNING, I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED A COPY OF THE ORDINANCE AND UNDERSTAND MY LICENSE CAN BE REVOKED IF I AM IN VIOLATION OF THE ORDINANCE:

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DATE:

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