

# **COPLEY TOWNSHIP**

**1540 South Cleveland-Massillon Road  
Copley, Ohio 44321  
330-666-1853**

## **APPLICATION FOR TRANSIENT VENDOR CERTIFICATE OF REGISTRATION**

### **RESOLUTION**

- No person, business, organization, or entity is permitted to do the following until issued a Transient Vendor Certificate of Registration by the Copley Township Board of Trustees.
  - Open a temporary place of business
    - Includes food trucks or other moveable or mobile business location
  - Travel door to door either by foot or vehicle, or call upon any business places, private residences, or other persons or entities within Copley Township, with the intent to sell or offer for sale any goods, solicit orders for future delivery of goods, or arrange an appointment for a future estimate or sales call.
  - Travel door to door, either by foot or by vehicle, or call upon any business places, private residences, or other persons or entities within Copley Township, with the intent to obtain funds or commitments for any cause whatsoever.
- Transient Vendor Permits, licenses, certificates of registration, or similar instruments issued by other communities or governmental entities are not valid in Copley Township.
- Transient Vendor Certificates of Registration issued by Copley Township are issued for a limited period of time. Any person, business, organization, or entity that conducts any Transient Vendor activities beyond the specified time period is subject to prosecution.
- When Copley Township issues a Transient Vendor Certificate of Registration to the applicant, that person or business will be issued a list of rules and regulations that all persons conducting the Transient Vendor activities on behalf of the applicant must follow. Any Transient Vendor found in violation of any of these rules will immediately be prohibited from conducting any further Transient Vendor Activities and could be subject to prosecution.

### **APPLICANT INFORMATION**

**Name:** \_\_\_\_\_

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

**City, State, ZIP Code:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

## BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

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

City, State, ZIP Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Type of Firm: \_\_\_\_\_ State of Formation: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

If sales will be made under another company name, such as a subsidiary, or any name different from the name supplied above, please provide that name(s) here: \_\_\_\_\_

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Please provide a description of the proposed dates, times, and locations of the peddling and/or soliciting activities to be conducted by the transient vendor applicant or the location of the temporary place of business. \_\_\_\_\_

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Please provide a description of the clothing, uniform, or identifying marks, brands, or logos that will be worn or displayed in connection with any peddling or soliciting conducted the transient vendor applicant or his or her representatives. \_\_\_\_\_

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Please describe the goods or services to be sold: \_\_\_\_\_

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**VEHICLE INFORMATION – Please list the vehicles used to transport your representatives throughout the community.**

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

3. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

**\*If more than three vehicles, list them on a separate piece of paper**

If you or your organization's intent is to obtain funds or commitments for any cause, please describe what you are seeking and what organization you are working on behalf of: \_\_\_\_\_

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Has the applicant previously had a Transient Vendor permit or license denied or revoked? If yes, provide the date and location: \_\_\_\_\_

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Please list the communities or municipalities in which the applicant/firm has opened a temporary place of employment, conducted transient sales, and/or conducted transient soliciting in the past twelve months: \_\_\_\_\_

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Has the applicant, or any of the persons who will be working as a peddler or solicitor in Copley on behalf of the applicant or the firm previously been convicted of a criminal act classified as a felony or misdemeanor involving moral turpitude within the last five(5) years? If so, provide a description of the nature of the offense and the date and location of the same.

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- If more space is needed, please use a separate sheet of paper.

## PEDDLERS / SOLICITORS LIST

Provide the name, address, date of birth, and social security number for each and every agent, contractor, representative, or other individual who will be peddling or soliciting in Copley Township. If approved, only the below listed individuals will be permitted to operate under the Certificate of Registration. No substitutions are permitted.

1. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

4. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

5. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

6. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

7. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

8. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

9. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

10. Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

- If more space is needed, please list complete information for additional persons on a separate sheet of paper.

I have completed this application truthfully and to the best of my knowledge:

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APPLICANT'S SIGNATURE

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DATE

If you have any questions, please call the Copley Township Hall Administrative Office at 330-666-1853 or the Copley Police Department, Office of the Chief of Police at 330-666-4218.

COPLEY POLICE DEPARTMENT, 1280 SUNSET DRIVE, COPLEY, OHIO 44321

CHIEF MICHAEL MIER

