



APPLICATION FOR ITINERANT VENDOR LICENSE

City of Steubenville
Planning and Zoning Commission
308 Market Street, Room 205
Steubenville OH 43952
(740) 283-6000 extension 1700

No: _____
Expires: _____

APPLICATION FOR LICENSE FOR ITINERANT VENDOR CITY OF STEUBENVILLE - CODIFIED ORDINANCES - CHAPTER 731

Date _____

Name of Applicant _____ Phone No. _____

Home Address: _____

Business Address _____

Address(es) previous 5 years, if different from above: _____

Name and address of employer: _____

The following information is necessary to conduct required police check:

Date of Birth: _____ Social Security #: _____ Form of Photo ID: _____

Date(s) of sale in City of Steubenville: _____

Description of goods or services offered: _____

Location and dates where you have conducted business over the past 18 months:

SIGNATURE OF APPLICANT _____

County of _____)

State of _____)

_____, being duly sworn, states that he/she is the individual making application for license; that the answers to the foregoing questions are true of his/her own knowledge and belief; and that he/she signed the foregoing application for and on behalf of said _____.

Sworn to and signed before me this _____ day of _____, 2_____.

Notary Public

SEAL

My commission expires _____

Return signed/notarized application with applicable fees to **Planning & Zoning Office, 308 Market St., Steubenville, OH 43952**