



## Village of Fort Loramie

PO Box 10, 14 Elm Street  
Fort Loramie, Ohio 45845  
Phone: 937-295-3088  
Fax: 937-295-5291

### SOLICITATION APPLICATION (Transient Vendor)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell #: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ License #: \_\_\_\_\_

Have you been convicted of any criminal offenses: \_\_\_\_ / \_\_\_\_  
Yes No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
\_\_\_\_\_

Business Owners Name: \_\_\_\_\_  
Last First Middle

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Specify what you will be selling:

Product: \_\_\_\_\_

Service: \_\_\_\_\_

Describe solicitation procedures / approach: (*Door to Door, Phone, Etc.*) \_\_\_\_\_

\_\_\_\_\_



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### STATEMENT AND WAIVER

I hereby agree to furnish authentication documentation to verify the forgoing. The undersigned hereby voluntarily assumes all risk of accidents, injury and of damage to his / her person and property and hereby releases and discharges the Village of Fort Loramie, its elected officials, employees and agents from every claim, liability or demand of any kind.

Ordinance 2015-1095 Provided to Applicant: \_\_\_\_\_  
Initials Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Rcvd: Amount \_\_\_\_\_ Receipt # \_\_\_\_\_

**(In the event that your application is denied, you will be refunded the amount of your application fee minus the cost of the background check, which is non-refundable.)**

.....  
**OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Background Check by: \_\_\_\_\_

Date Approved / Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Approved Denied

If Denied, reason for denial: \_\_\_\_\_

Permit # \_\_\_\_\_ - Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Badge Issued \_\_\_\_\_  
Y/N