

Watertown Charter Township

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

Watertown Charter Township

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

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:

DATE:
