

**Final 4-26-22**

**BRUNSWICK HILLS TOWNSHIP  
TRANSIENT VENDOR APPLICATION**

PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_ NAME OF

APPLICANT \_\_\_\_\_

COMPANY NAME (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

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

Driver's License # or State ID # \_\_\_\_\_ State of Issue \_\_\_\_\_

Type of product you are selling \_\_\_\_\_

Are you selling at a fixed location **Yes No** (circle one)

Address of fixed location \_\_\_\_\_

\*Please provide a notarized letter from the property owner allowing/approving the sale of goods at the above location.

Are you selling door to door **Yes No** (circle one)

Are you selling Throughout the Township **Yes No** (circle one)

Vehicle information-make, model, year \_\_\_\_\_

Food Truck/Trailer **Yes No** (circle one)

If Yes, do you have a permit from the Medina County Health Department **Yes No** (circle one)

Please provide a copy of the permit

**I have read and agree to the terms of the Brunswick Hills Township Transient Vendor Resolution**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Township Official

\_\_\_\_\_  
Date