

CITY OF CHILLICOTHE, OHIO

APPLICATION FOR TRANSIENT BUSINESS LICENSE

Fee _____ License No. _____ Date _____

Applicant's State Vendor Number: _____

Applicant's Federal Identification Number: _____

City of Chillicothe Income Tax Number: _____

Name of Applicant: _____
(Individual or Corporation)

Address: _____

Nature of Business & Goods to be Sold: _____

Location of Temporary Business: _____

Length of Time License is Desired: _____

Registered with Better Business Bureau? _____ Where? _____

Registered with Chillicothe Chamber of Commerce? _____

STATE OF OHIO, ROSS COUNTY, SS:

_____ being duly sworn according to law, deposes and says
the facts set forth in the foregoing answers are true as (he) (she) verily believes.

Signature

Sworn to before me by the said _____ and by (him) (her)
subscribed in my presence this _____ day of _____, 20_____.

Notary Public

Review by Mayor: _____Approved _____Disapproved _____
Signature and Date