

Allendale Charter Township Vendor License Form

Business Information *(please print)*

Name of Business: _____
Name of Vendor: _____
Vendor Address: _____
Phone Number: _____ *Include area code*
Michigan Sales Tax Number: _____
Type of Business: _____
Type of Merchandise to be Sold: _____
Origin of Goods: _____
Location of Vendor Setup: _____
Property Owner's Name: _____
Property Owner's Phone Number: _____
Dates of Operation: Start date _____ End date _____
Hours of Operation: Start time _____ End time _____

_____ Attach written permission from the property owner.
_____ Attach site plan sketch with dimensions which illustrates lot lines, layout of the site, public access, parking, location of tables, tents, merchandise, electrical apparatus, signs and other items necessary to conduct the business.
_____ When applicable, attach written proof of compliance with the requirements from the Ottawa County Health Department.

Applicant's Statement

- The information provided in this application for a vending is true and complete to the best of my knowledge.
- I agree to abide by all federal, state, and local laws and ordinances.
- I have read and understand the Vendors Regulation Ordinance, and agree to following the guidelines provided.

Signature of Applicant: _____

Township Office use only

_____ application fee received
_____ application approved and seal affixed
_____ copy of approved application to Vendor
_____ copy of Vendor Ordinance to Vendor

application approved
 application denied