

**CITY OF CHILLICOTHE, OHIO
APPLICATION FOR TRANSIENT BUSINESS LICENSE**

Fee: _____ License #: _____ Date: _____

Name of Applicant: _____

Applicant's State Vendor #: _____ Federal ID#: _____

City of Chillicothe Income Tax #: _____

Applicant's Address: _____

Telephone #: _____ Email: _____

Nature of business and property to be sold: _____

Location of Temporary Business: _____

Length of time license is desired: _____

Registered with Better Business Bureau? Yes _____ No _____ Where? _____

Although not required, registered with Chillicothe Chamber of Commerce? _____

STATE OF OHIO, ROSS COUNTY, SS:

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

Applicant's Signature

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

Notary Public

Reviewed by Mayor: _____ Approved _____ Disapproved _____
Signature and Date