

**APPLICATION FOR CERTIFICATE OF REGISTRATION
FOR TRANSIENT VENDOR**

1. NAME OF APPLICANT: _____
ADDRESS OF APPLICANT: _____
CITY, STATE, ZIP _____
PHONE NUMBER: _____

2. DATE OF BIRTH OF APPLICANT: _____

3. NAME OF VENDOR'S BUSINESS: _____
ADDRESS OF VENDOR'S BUSINESS: _____
CITY, STATE, ZIP _____
PHONE NUMBER: _____

4. DESCRIPTION OF TYPES OF ITEMS TO BE OFFERED FOR SALE: _____

5. TIME PERIOD FOR WHICH CERTIFICATE IS BEING APPLIED: BEGINNING DATE: _____
END DATE: _____

6. LOCATION IN ROBINSON AT WHICH THE VENDOR WILL SET UP: _____

(FOOD OF SIMILAR NATURE SHALL NOT BE LOCATED WITHIN 250 FEET OF THE LOCATION OF ANY PREEXISTING BUSINESS)

7. HAS THE APPLICANT OR ANY EMPLOYEE OF APPLICANT FOR WHICH CERIFICATE IS BEING APPLIED FOR BEEN CONVICTED OF A FELONY WITHIN THE PAST FIVE (5) YEARS? YES _____ NO _____

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ RECEIVED BY: _____

APPROVED _____ NOT APPROVED _____

FEE PAID: _____ REASON _____