



## TEMPORARY STORE LICENSE APPLICATION

### TEMPORARY STORE INFORMATION

Name of Store Sponsor: \_\_\_\_\_

Location of Temporary Store: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of sale - From: \_\_\_\_\_ To: \_\_\_\_\_

Nature of Sale: \_\_\_\_\_

### COMPANY/OWNER INFORMATION

Company or Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Per Coshocton Codified Ordinance 729.02

Fee - \$150.00 for 30-day period

I hereby certify that all sales and income taxes applicable under the laws of the State of Ohio and the City of Coshocton have been/will be complied with.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

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Approved: \_\_\_\_\_

Disallowed: \_\_\_\_\_

\_\_\_\_\_  
Safety Service Director

\_\_\_\_\_  
Date

Upon approval this application becomes the formal Temporary Store License