



*Mantua Temporary Business License/Special  
Event Vendor Permit Application  
(\$40.00) 7 days per Quarter*

Issued _____	Approved _____
Application license fee _____	
Other fee _____	
Total _____	
_____ Check	_____ Cash
Receipt # _____	Date Received _____

Business Name \_\_\_\_\_

Business Owners Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Federal ID \_\_\_\_\_ SSN or EIN \_\_\_\_\_

Date of Sale \_\_\_\_\_ Temp. Sales Tax # \_\_\_\_\_

Describe Business (Add additional pages as needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of Sale \_\_\_\_\_

Signature of Authorized Agent/Owner \_\_\_\_\_ Date \_\_\_\_\_

**Property Owner Information (Owner Authorization must be obtained and attached as part of application)**

Property Owners Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**City Approval \_\_\_\_\_ Date \_\_\_\_\_**