

**PLAINFIELD CHARTER TOWNSHIP
APPLICATION FOR LICENSE**

SHORT-TERM OPEN AIR SALES

Tent sales and other operations of a similar temporary nature conducted on the property of an existing business and in conjunction with activities of that business

Name of Applicant: _____

Contact Person: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Property Owner's Name: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Dates of Operation: _____

Hours of Operation: _____

Item(s) Being Sold: _____

REGULATIONS

You must comply with the rules and regulations established in Chapter 10 - Article III - Division 2 *Short-term Open Air Business* and the *Temporary & Permanent Tents, Canopies, and Membrane Structure* requirements, if applicable.

You must submit

- A site plan showing the following:
 1. Any existing structures on the premise including ingress and egress locations on the site
 2. If using a tent, canopy or membrane structure please include the size and
 3. Setback measurements from property lines to your location
 4. Identify customer parking areas
 5. Sign details, including size and specific location. (Limited to one sign, no larger than 48 square feet - no flags, pennants or flashing lights)

- A letter of authorization from the property owner for the use of their property.

SIGN BACK PAGE OF APPLICATION

CERTIFICATION

I hereby certify that I have read the regulations pertaining to Seasonal Sales; I understand these regulations; and I will operate my business in conformance with the regulations.

Signature

Date

PAYMENT METHOD

- Cash (in person payments only)
- Check
- Credit Card (A 2.5% convenience fee is charged on credit or debit card payments)

CREDIT CARD PAYMENT INFORMATION

Credit Card Type (check box):    

Cardholders Name: _____

Card Number: _____

Expiration Date: _____ CVV Code*: _____

*The CVV number is the three digit number located on the back of Visa, MasterCard and Discover credit cards, or for American Express, the four digit number above the credit card account number on the front of the card.

Billing Information: Address: _____

City: _____ State: _____ Zip: _____

E-mail address for receipt: _____

By signing below I am acknowledging that I understand that there will be a 2.5% convenience fee charged on the credit or debit card payment.

Signature of Credit Card Holder: _____

