

CITY OF SHARONVILLE, OHIO

APPLICATION FOR SOLICITOR'S AND PEDDLER'S LICENSE (DOOR-TO-DOOR)

IN COMPLIANCE WITH ORDINANCE NO. 733

(ALL SOLICITORS MUST APPLY SEPARATELY - NO GROUP PERMITS ISSUED)



APPLICANT INFORMATION

NAME: _____ SS# _____ - _____ - _____

PERMANENT HOME ADDRESS: _____
STREET CITY ZIP

LOCAL ADDRESS: _____
STREET CITY ZIP

PHONE NO.: _____ EMAIL _____

DATE OF BIRTH: ____/____/____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ DRIVER'S LICENSE #: _____

CONVICTION OF FELONY? Yes _____ No _____ POLICE RECORD? Yes _____ No _____

CONVICTIONS OF ANY MISDEMEANORS OR VIOLATIONS OF ANY CITY ORDINANCE? Yes _____ No _____

If yes to any of the above, describe nature of offense and punishment or penalty assessed (other than for traffic moving violations). _____

VEHICLE INFORMATION

MAKE AND MODEL OF CAR: _____ YEAR: _____ BODY TYPE: _____

LICENSE PLATE #: _____ STATE: _____

BUSINESS INFORMATION

NAME OF COMPANY YOU ARE REPRESENTING: _____

ADDRESS OF COMPANY: _____

PHONE NO.: _____ EMAIL ADDRESS: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE NO.: _____

SUPERVISOR'S ADDRESS: _____ SUPERVISOR'S EMAIL: _____

NATURE OF BUSINESS: _____

PRODUCT OR SERVICE BEING SOLD: _____

FEES AND LICENSE INFORMATION

*******NOTICE: LICENSE IS ISSUED FOR A MAXIMUM OF 90 DAYS PER APPLICATION*******

PERIOD OF TIME REQUESTED FOR RIGHT TO DO BUSINESS **(NOT TO EXCEED 90 DAYS)**

Start Date

Expiration Date

Pictures:

Two pictures must be submitted with this application. These pictures must have been taken within 60 days of the filing of this application and must show head and shoulders of applicant in a clear and distinguishing manner.

FOR CITY USE ONLY

\$25.00 non-refundable administrative fee to be paid at the time of filing the application payable to City of Sharonville.

Date Paid: _____ Check #: _____ Cash: _____

\$45.00 non-refundable criminal background assessment fee payable to City of Sharonville Police Department.

Date Paid: _____ Check #: _____ Cash: _____

APPROVED:

Chief of Police Date

DENIED:

Chief of Police Date

ISSUED:

_____ thru _____
Administration Date Expiration Date

PICTURE