

PEDDLERS & SOLICITORS: LICENSE APPLICATION

CODIFIED ORDINANCE NO. 729



PLEASE PRINT

Permit No. _____

Applicant's Name		Soc. Sec. #		Date of Application		
Date of Birth	OL #	Race	Sex	Height	Weight	
Applicant's Current Address			City, State, Zip			
# Years @ Present Address	Phone #		Alternate Phone #			
If less than 3 years, give Previous Address						
Business Name/Employer			Business Phone #			
Business Address			City, State, Zip			
# Years/Months Employed?	If less than 3 Years, list previous employment:					
Description of Product Presented to resident for purchase						
List the three (3) most recent communities you have solicited house-to-house:						
Is your business listed with the Better Business Bureau?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what City & State?						
Have you ever had a solicitor's certification or license revoked? If so, explain.						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you or any of your listed associates ever been convicted of a misdemeanor or felony?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list person(s) convicted, charge and date						
IMPORTANT!						
You are required to submit the following information for each worker under this permit. Use additional paper if necessary.						
Name		Date of Birth	Soc. Sec. #	Race	Height	Weight
Current Street Address			City, State, Zip			
Vehicle Year, Make & Model			Vehicle License Plate No. & State			

...continued on reverse side

Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
Current Street Address		City, State, Zip			
Vehicle Year, Make & Model		Vehicle License Plate No. & State			
Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
Current Street Address		City, State, Zip			
Vehicle Year, Make & Model		Vehicle License Plate No. & State			
Name	Date of Birth	Soc. Sec. #	Race	Height	Weight
Current Street Address		City, State, Zip			
Vehicle Year, Make & Model		Vehicle License Plate No. & State			

Adult applicants shall agree and submit to fingerprinting by the Miami Valley Crime Lab in connection with this application, and shall provide a recent photo.

By signing below, I certify that the above information and the contents therein are true to the best of my knowledge. I agree to abide by all the terms and conditions of the Ordinances of the City of Trotwood including, but not limited to, Chapter 729 of the City Ordinances. I understand I am responsible for juveniles list on this application. The time limitation for solicitation is 9:00 a.m. to 7:00 p.m. **ONLY**. The fee for a Peddlers/Solicitors permit is \$5.00 due upon approval of this application. All permits expire December 31 of each year and must be renewed annually. Applicant must apply for a criminal record check by fingerprints at the Miami Valley Crime Lab, 361 W. Third Street, Dayton, Ohio 45402.

Applicant's Signature	Date
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FOR CITY OF TROTWOOD USE ONLY

\$5.00 Fee Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by: <input type="checkbox"/> Check, Check No. _____ <input type="checkbox"/> Cash
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<input type="checkbox"/> Fingerprinting <input type="checkbox"/> Photo
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Approved By: Quincy E. Pope, Sr., Public Safety Director/Deputy City Manager	Date
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