



12650 DETROIT AVENUE ♦ 44107 ♦ 216/529-6270 ♦ FAX 216/529-5930

**INFORMATION TO ASSIST YOU IN COMPLETING YOUR APPLICATION FOR
PEDDLER, VENDOR OR SOLICITOR LICENSE**

The attached application must be filled out completely and legibly by the applicant.

False information supplied shall deem this application void.

It is not mandatory that you provide your Social Security number, but the application review process can be expedited if it is provided.

Two (2) types of identification are required.

The application shall take approximately fourteen (14) working days to be reviewed and you shall be notified by mail of the outcome.





Date _____

Lic. # _____

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APPLICATION FOR PEDDLERS, VENDORS AND SOLICITORS LICENSE

1. Applicant's Full Name _____ 2. Date of Birth _____

3. Applicant Description:

Age _____ Male _____ Female _____ Race _____

Weight _____ Height _____ Eyes _____ Hair _____

4. Social Security or Federal I. D. Number _____

5. Permanent Home Address _____

6. Local Home Address _____

7. Home Phone _____ 8. Business Phone _____

9. Applicant is presently soliciting for:

Name _____

Address _____

10. List whom you have solicited for in the past three (3) years:

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

11. Describe the nature of the business and the goods you solicit:

12. List the dates, times and routes you will follow while soliciting:

Dates _____

Times _____

Routes _____



CITY OF LAKEWOOD, OHIO

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13. Have you ever been denied a license or permit to solicit? Yes _____ No _____

14. If answer to question 13 is "Yes", provide the following information:

Date of Denial _____ Place of Denial _____

Reason of Denial _____

15. Have you ever had a license or permit to solicit revoked? Yes _____ No _____

16. If the answer to question 15 is "Yes", provide the following information:

Date revoked _____ Place revoked _____

Reason revoked _____

17. Have you ever been convicted of a crime, other than traffic offenses? Yes _____ No _____

18. If the answer to question 17 is "Yes", provide the following information:

Date of conviction _____ Place of conviction _____

Nature of offense _____ Penalty imposed _____

I hereby authorize the City of Lakewood to conduct a police record check of my background, and I release the City of Lakewood from any liability for damages arising from information obtained from said record check.

A non-refundable fee of twenty-five dollars (\$25.00) shall be submitted with this application.

Signature of Applicant _____ Date _____

Two (2) types of I. D. shown:

This license expires on _____

CHIEF OF POLICE

Approved _____

Disapproved _____

DATE

SIGNATURE



PERSONS SOLICITING UNDER 741.10 EXCEPTIONS

NAME OF ORGANIZATION _____ PHONE _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

NATURE OF THE ACTIVITY BEING CONDUCTED _____

INDIVIDUAL'S NAME _____ PHONE _____

STREET ADDRESS _____ SS # _____

CITY, STATE, ZIP _____ DATE OF BIRTH _____

INDIVIDUAL'S NAME _____ PHONE _____

STREET ADDRESS _____ SS # _____

CITY, STATE, ZIP _____ DATE OF BIRTH _____

INDIVIDUAL'S NAME _____ PHONE _____

STREET ADDRESS _____ SS # _____

CITY, STATE, ZIP _____ DATE OF BIRTH _____

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