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DIVISION OF HOUSING AND BUILDING  
12650 DETROIT AVENUE • LAKEWOOD, OHIO 44107 • 216/529-6270 • FAX 216/529-5930  
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## **INFORMATION TO ASSIST YOU IN COMPLETING YOUR APPLICATION FOR PEDDLER OR SOLICITOR LICENSE**

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

False information supplied shall deem this application void.

Two (2) types of identification are required - one must be a photo I.D. (copy of driver's license, State I.D., passport) and one other form of identification (Social Security card, credit card, bank card).

A non-refundable fee of thirty-five dollars (\$35.00) shall be submitted with this application.

The application may take ±14 working days to be reviewed (for background check to be completed by Law Department and to be reviewed/approved by the Lakewood Police Department). You will be notified by telephone of the outcome and be asked to pick up the approved/issued license in the Building Department.

Along with the license, you will be given a copy of the 2012 City of Lakewood "DO-NOT-KNOCK-REGISTRY". No solicitors or peddlers, unless invited, shall call at the addresses listed on the DO-NOT-KNOCK-REGISTRY" or at any residence, house, apartment or other dwelling in the City of Lakewood upon which there is posted at the entrance a notice which reads "No Peddlers or Solicitors Allowed" or words of similar import. Violating this order is punishable with license revocation and criminal action. (Ord. 04-11)



Fee: \$35.00 per person

Date: \_\_\_\_\_

WebQA Lic. #: \_\_\_\_\_

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**APPLICATION FOR PEDDLER, VENDOR AND SOLICITOR LICENSE**

**PLEASE PRINT LEGIBLY**

1. Applicant's Full Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_

3. Applicant Description:

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

4. Social Security 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. Dates, times and routes to be followed while soliciting:

Dates ***Upon license approval through six (6) months from date of issuance***

Times **Hours of solicitation limited to 9:00 a.m. to the earlier of 8:00 p.m. or sunset – Monday through Saturday only (NO SUNDAYS OR LEGAL HOLIDAYS)**

Routes ***Throughout the City of Lakewood***

\_\_\_\_\_

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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 \_\_\_\_\_

**\*NOTE: Please provide additional convictions on the reverse side or on a separate sheet of paper.**

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 thirty-five dollars (\$35.00) shall be submitted with this application.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_

Driver's License expiration date: \_\_\_\_\_

**This SOLICITOR license expires SIX MONTHS FROM DATE OF ISSUE**

**ROUTED TO LAW DEPARTMENT FOR BACKGROUND CHECK:** \_\_\_\_\_  
*(Please forward to Police Chief for approval after background check is completed)*

**CHIEF OF POLICE**

\_\_\_\_\_  
**DATE**

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**"DO-NOT-KNOCK REGISTRY" PROVIDED TO SOLICITOR BY \_\_\_\_\_**