

CITY OF CHILLICOTHE, OHIO
APPLICATION FOR PEDDLER'S & SOLICITOR'S LICENSE

Fee: _____ License #: _____ Date: _____

Name of Applicant: _____

Applicant's State Vendor #: _____ Federal ID#: _____

City of Chillicothe Income Tax #: _____

Certificate of Insurance Policy #: _____

***** MUST PROVIDE A COPY OF CERTIFICATE OF INSURANCE *****

Applicant's Social Security #: _____ Birthdate: _____

Applicant's Address: _____

Telephone #: _____ Email: _____

Applicant's Physical Description: Sex: _____ Age: _____ Ht: _____ Wt: _____

Hair Color: _____ Eye Color: _____ Beard? _____ Moustache? _____

Ever been convicted of crime, misdemeanor, or violation of municipal ordinance? Yes? ____ No? ____

If yes, list nature of offense, date of conviction, where, and penalty assessed: _____

Nature of business and property to be sold: _____

Where property to be sold is located: _____

If employed, name and address of employer: _____

Years employed there? _____

Length of time license is desired: _____

Method of travel used: _____ Vehicle License #: _____ / _____
State

Registered with Better Business Bureau? Yes ____ No ____ Where? _____

Although not required, registered with Chillicothe Chamber of Commerce? _____

STATE OF OHIO, ROSS COUNTY, SS:

_____ being duly sworn according to law, deposes and says that the facts are set forth in the foregoing answers are true as (he) (she) verily believes.

Applicant's Signature

Sworn to before me by the said _____ and by (him) (her) subscribed in my presence, this _____ day of _____, 20_____.

Notary Public

Reviewed by Chief of Police:

_____ Approved _____ Disapproved _____
Signature and Date

Reviewed by Mayor:

_____ Approved _____ Disapproved _____
Signature and Date

Application must be accompanied by 2 photographs – Per Ordinance No. 220-60