



APPLICATION FOR LICENSE TO SOLICIT PER CODIFIED ORDINANCE 709 OF THE CITY OF CELINA, OHIO

PER PROVISIONS OF CODIFIED ORDINANCE, CHAPTER 709 OF THE CITY OF CELINA, ALL APPLICANTS FOR A LICENSE TO SELL, BARGAIN TO SELL, OR TO SOLICIT ORDERS FOR GOODS, WARES, OR MERCHANDISE BY RETAIL IN THE CITY OF CELINA, WILL SUPPLY THE FOLLOWING INFORMATION.

Failure to complete Application fully may result in permit being denied or revoked.

Applicant's Name: _____ Telephone: _____

Applicant's Address: _____

Name of Person/s, Firm, or Corporation by whom employed and Address: _____

Length of Service of Applicant with above Employer: _____

Place of Residence and Nature of Employment of Applicant over Preceding Year: _____

Description of Proposed Peddling Activities: _____

Nature of Goods, Ware, or Services Offered: _____

Personal Description of Applicant:

Eye Color _____ Hair Color _____ Hair Style _____ Height _____ Weight _____

S.S.N. _____ D.O.B. _____ Place of Birth _____ Sex _____

Vehicle Information:

Make _____ Model _____ Year _____ Color _____ Plate No. _____

Applicant's Signature

Date

Licensed Issued: YES NO Reason Denied _____

Issued By _____

Jeffrey S. Hazel, Mayor

Date

****Note**** Individual information must be completed by each person involved in the solicitation.

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OF THE CITY OF CELINA, OHIO

SUPPLEMENTAL APPLICANTS

NAME: _____

Personal Description of Solicitor:

Eye Color _____ Hair Color _____ Hair Style _____ Height _____ Weight _____

S.S.N. _____ D.O.B. _____ Place of Birth _____ Sex _____

Driver's License Information:

State _____ No. _____ Date Issued _____ Expiration Date _____

Vehicle Information:

Make _____ Model _____ Year _____ Color _____ Plate No. _____

NAME: _____

Personal Description of Solicitor:

Eye Color _____ Hair Color _____ Hair Style _____ Height _____ Weight _____

S.S.N. _____ D.O.B. _____ Place of Birth _____ Sex _____

Driver's License Information:

State _____ No. _____ Date Issued _____ Expiration Date _____

Vehicle Information:

Make _____ Model _____ Year _____ Color _____ Plate No. _____

NAME: _____

Personal Description of Solicitor:

Eye Color _____ Hair Color _____ Hair Style _____ Height _____ Weight _____

S.S.N. _____ D.O.B. _____ Place of Birth _____ Sex _____

Driver's License Information:

State _____ No. _____ Date Issued _____ Expiration Date _____

Vehicle Information:

Make _____ Model _____ Year _____ Color _____ Plate No. _____