



APPLICATION FOR SOLICITORS PERMIT

Date: _____

Permit # _____

Name: _____ Address: _____
 Last First MI Street and Apartment #
 City: _____ State: _____ Zip: _____ DOB: _____ Age: _____
 SSN: _____ Sex: _____ Rac: _____ Hgt: _____ Wgt: _____ Hair: _____ Eye: _____
 Driver's License #: _____ State: _____ Date Issued: _____
 Make of Car: _____ Year: _____ License #: _____ State: _____

Name of Employer: _____ Length of Employment: _____
 Address of Employer: _____ Phone: ____ (_____) _____

Have you ever been convicted of any crime? Yes No Give Date: _____

Charges: _____ Disposition: _____

Have you ever been refused a solicitors license or identification card? Yes No

If yes, give the name of municipality and date of refusal: _____

Have you ever been licensed to solicit anywhere in Montgomery County, Ohio? Yes No

If so, give name of municipality and date: _____

Have you ever had a solicitor's license revoked? Yes No

If so, give name of issuing authority and date of revocation: _____

Describe the nature of your business: _____
 Name of your immediate supervisor: _____ Phone ____ (_____) _____
 How long do you expect to solicit in West Carrollton? _____

I do solemnly swear that the answers as given herein have been examined by me and to the best of my knowledge are true, correct and complete.

Signed: _____ Date: _____
 Witnessed By: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Police Check: Better Business Bureau Favorable Unfavorable

Other: _____

Date: _____ Approved Refused By: _____