



Permit # _____

Expires: _____

City of Bay Village

APPLICATION

PEDDLERS & SOLICITORS LICENSE

Name of Applicant _____ Home Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

Prior Permit # (If Applicable) _____

Date of Birth _____ Place of Birth _____

Physical Description: Hgt. _____ Wgt. _____ Hair _____ Eyes _____

Operator's License No. _____ State _____

In case of emergency, notify: _____

Address _____

Phone (s) _____

Name of Company _____ Employed Since _____

Address _____ Phone _____

Immediate Supervisor _____ Phone _____

Nature of Goods _____

Vehicle Used _____

State of Registration _____ License No. _____

I understand it is my responsibility to abide by all the State of Ohio and City of Bay Village Ordinances regarding Peddlers, Solicitors and Canvassers, specifically Bay Village Ordinances contained within Chapter 721. I also understand it is my responsibility to abide by a current listing of the Bay Village "Do Not Knock Registry". I understand a violation may be cause for revocation of my permit.

Signature _____

Date _____

Previous Addresses:

Dates:

Previous employment during past year:

Name & Address of Employer

Type of Work

Date

FOR DEPARTMENT USE ONLY

Photo Attached _____

Date Application Filed _____ Officer _____

Investigation Made By _____ Date _____

Application Approved _____ Date _____

Application Rejected _____ Date _____ Reason _____

Appeal Filed _____ Date _____

Fee Received _____ Date _____

Permit No. _____ Issuing Officer _____

Date Permit Issued _____ Expiration Date _____

Permit Revoked _____ Date _____

Reason _____

_____ By _____

Expired Permit Returned _____

Prior Permit # _____