

CITY OF CHILLICOTHE, OHIO  
APPLICATION FOR PEDDLERS AND SOLICITORS LICENSE

Fee: \_\_\_\_\_ License No.: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's State Vendor Number: \_\_\_\_\_ Federal I.D. # \_\_\_\_\_  
City of Chillicothe Income Tax Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Soc. Sec. No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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,  
penalty assessed \_\_\_\_\_

Nature of business & property to be sold: \_\_\_\_\_

Where product to be sold is located: \_\_\_\_\_

If employed, name & address of employer: \_\_\_\_\_  
\_\_\_\_\_ Years employed there? \_\_\_\_\_

Length of time license is desired: \_\_\_\_\_

Method of travel used: \_\_\_\_\_ Veh. Lic. No.: \_\_\_\_\_ / \_\_\_\_\_  
State

Registered w/Better Business Bureau? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_  
Although not required, registered w/Chillicothe Chamber of Commerce? \_\_\_\_\_

STATE OF OHIO, ROSS COUNTY, SS:

\_\_\_\_\_ being duly sworn according to law,  
deposes and says that the facts 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 \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary

Reviewed by Chief of Police: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Reviewed by Mayor: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Application must be accompanied by 2 photographs - Per Ordinance No. 229-60