

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