



SOLICITORS APPLICATION FORM

Name _____ Social Security # _____

Sex M ___ F ___ Height _____ Weight _____ Eyes _____ Hair _____

Date of birth _____ City/State of birth _____

Driver's License or State ID card (**must present original**) _____

Permanent home address _____ City _____

State _____ Zip _____ Phone number (____) _____

Local home address _____ City _____ Zip _____

Employed by _____ Address _____ City _____

State _____ Zip _____ Phone number (____) _____

Supervisor's name _____ Goods or services to be sold _____

Vehicle Make _____ Model _____ Year _____ Color _____ License _____ State _____

Have you ever been convicted of a felony, misdemeanor or traffic offense? Y or N

If yes, complete the following:

Offense	Date of Conviction	Sentence	Arresting Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use back of form if more space is needed. **List all offenses or no permit will be issued.**

Signature _____

Applicants giving false information subject to prosecution under ORC 2921.13.

Application fee paid _____ Date _____ License approved Y N Date _____

Approved by _____ Date photo ID issued _____

License expires 180 days from date of issue