



**SOLICITORS APPLICATION FORM**

27300 Hilliard Blvd.  
Westlake, OH 44145

Phone 440.871.3311  
Fax 440.835.6444

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