



**CITY OF DUBLIN**

Division of Planning  
5800 Shier-Rings Road  
Dublin, Ohio 43016-1236

Phone/TDD: 614-410-4600  
Fax: 614-410-4747  
Web Site: www.dublin.oh.us

# PEDDLER/SOLICITOR PERMIT APPLICATION

PERMIT # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DATE EXPIRES \_\_\_\_\_

**NOTE:** Applicants are highly encouraged to contact Code Enforcement at (614) 410-4600 for assistance. Permits are usually approved within 40 working hours after the application is submitted. The approved permit must be displayed at all times.

**I. PLEASE SUBMIT THE FOLLOWING:**

- ONE (1) COPY OF BACKGROUND CHECK completed by local law enforcement agency (must be within current calendar year)
- ONE (1) ORIGINAL SIGNED APPLICATION
- ONE (1) COLOR COPY OF RECENT GOVERNMENT ISSUED PHOTO IDENTIFICATION
- ONE (1) COPY OF STATE OF OHIO TRANSIENT VENDOR'S LICENSE (If applicable)

**II. APPLICANT INFORMATION: This section must be completed.**

Name of Applicant: (Last)		(First)	(M.I.)
Home Address:			
Telephone: ( )	SSN: - -		
Date of Birth:	Height:	Weight:	Eye/Hair:
Vehicle Make:	Model:	Year:	Color:
License Number:	State:	Is this to be used for solicitation:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Email or Alternate Contact Information:

**III. PLEASE ANSWER THE FOLLOWING:**

HAVE YOU APPLIED FOR A PERMIT IN DUBLIN BEFORE? IF YES, WHEN? _____	YES	NO
ARE YOU OR YOUR FIRM LICENSED IN THE STATE OF OHIO? IF YES, IS LICENSE CURRENT? _____	<input type="checkbox"/>	<input type="checkbox"/>

**IV. PEDDLER/SOLICITATOR INFORMATION: *This section must be completed.***

Name of Employer/Firm Soliciting for:		
Firm's Telephone: (    )	Length of Employment:	
Describe the Nature of Goods/Services to be Furnished, or the Purpose of Solicitation:		
Federal ID Number:		
Area/Location in which you plan to solicit:		
If on private property, do you have the owner's permission? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>		
Owner's Name:		Telephone: (    )

**V. BACKGROUND INFORMATION: *This section must be completed. Attach additional sheets if necessary.***

*Employment During Past Year:*

Name/Address:
Name/Address:
Name/Address:

*Residences During Past Year:*

Address:
Address:
Address:

*Record of any arrests other than traffic violations:*

Charge:			City/State:
Charge:			City/State:
Charge:			City/State:

**VI. STATEMENT OF ACKNOWLEDGEMENT:**

I _____ hereby state that the information submitted within this application is true and correct. I, furthermore, testify that I will abide by all regulations that govern peddlers and solicitors within the City of Dublin. I also have been informed of and agree to all other conditions that are attached to the approval of my application.	
Signature of Applicant:	Date:

FOR OFFICE USE ONLY:			
Date Received:	Date Approved:	Amount Received:	Receipt No:
Approved By:			
Title:		Date:	