

Village of Russells Point

Peddlers and Solicitor's License Application

Date: \_\_\_\_\_ Control #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Fee: \_\_\_\_\_ Date Granted: \_\_\_\_\_ Date denied: \_\_\_\_\_

Peddlers / Solicitors License Expires On: \_\_\_\_\_

**Applicants Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

If the applicant is an individual, all places of residence of the applicant and all employment during the preceding year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_ P. O. Box \_\_\_\_\_

City, State & zip: \_\_\_\_\_

Ph #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver License # \_\_\_\_\_

Make, Model, Color, License # of vehicle if used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The names of other municipalities in which the applicant has recently conducted peddling or solicitation activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business or Association Name: \_\_\_\_\_

If the business or association is a recognized charitable not-for-profit organization you must show proof of tax-exempt status.

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**Owner's Name:**

\_\_\_\_\_  
(If different than applicant)

Address: \_\_\_\_\_ P. O. Box: \_\_\_\_\_

City State & Zip:

\_\_\_\_\_  
Ph. #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address:

Peddler's license fees are:

7 Consecutive Days	\$10.00
6 Consecutive Months	\$50.00
1 Year	\$100.00

Copies of, picture I.D. for each person (not more than one year old), liability insurance, workman's compensation insurance, and any driver's, local, county, state or federal licenses or permits that may be required.

An application must be filled out for each person selling or soliciting good or services in the Village of Russells Point.

A copy of all employees' green cards that are not US citizens.

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Please give a description of the nature of the business or association and the goods, wares, merchandise, property and/or services being sold or solicited.

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Have you ever been convicted of a crime? If so, where and what was the nature of the offense and the punishment or penalty imposed therefore?

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Police Background Check:

Checked By: \_\_\_\_\_

Results: \_\_\_\_\_

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Code Enforcement's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Village of Russells Point

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See the attached copy of ordinance # 07-998 for full details of all regulations pertaining to the peddling goods and services or soliciting funds in the Village of Russells Point.

The above are the minimum requirements for the processing of this application. The Village of Russells Point may require more information if deemed necessary. Submission of this application does not guarantee that a license will be issued. This license may be revoked for non-compliance of any Village of Russells Point, county, state or federal code or law.

Falsification of any required information provided on or with this application shall be considered a minor misdemeanor, and if the applicant is convicted thereof may be subject to a fine of up to one hundred dollars (\$100.00).

I have read, fully understand and attest to the exactness and truth of all information supplied with or on this application.

Applicants

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You have the right to appeal this application.**

Allow up to thirty (30) days for processing

Peddlers and Solicitor's License Permit  
Check List

- |   |            |
|---|------------|
| 1. All required business or organization information provided | y / n      |
| 2. All required personal identification information provided  | y / n      |
| 3. All required vehicle information provided                  | y / n / na |
| 4. All required fees paid in full                             | y / n / na |
| 5. Police investigation completed and cleared                 | y / n      |
| 6. All required signatures provided                           | y / n      |
| 7. All required insurance information provided                | y / n      |
| 8. All required tax forms supplied                            | y / n / na |
| 9. Proof of 501.3c status provided                            | y / n / na |

Code Enforcement Officers Signature \_\_\_\_\_ Date \_\_\_\_\_

433 S.R. 708, P.O. Box 30, Russells Point, Ohio 43348  
Ph: 937-843-2245 ext. 5, Fx: 937-843-9956  
codeenforcement@russellspoint-oh.gov