



11551 Valley View Road
Sagamore Hills, OH 44067-1099
(330) 467-0900
(330) 655-7899 Fax

PERMIT NO. _____

VENDOR/SOLICITOR APPLICATION

SOLICITOR NAME _____ PHONE NO. _____

DRIVERS LICENSE # _____ ISSUING STATE _____

COMPANY NAME _____

DESCRIPTION OF PRODUCT OR SERVICE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT NAME _____ PHONE NO. _____

VEHICLE MAKE _____ COLOR _____ LIC. # _____

APPLICANT'S SIGNATURE _____

TO BE FILLED OUT BY ADMINISTRATION

START DATE _____ END DATE _____

FEE _____ (Cash Only)

PHOTO I.D. (D.L.) _____ YES _____ NO

BUSINESS CARD SUBMITTED _____ YES _____ NO

APPROVED _____ DISAPPROVED _____ BY _____
CHIEF/CHIEF'S DESIGNATE

SOLICITING PERMITTED MONDAY THRU FRIDAY 10:00 A.M. TO 5:00 PM
NO SOLICITING ON SATURDAY OR SUNDAY
PERMIT VALID FOR FORTY-FIVE (45) DAYS FROM ISSUANCE
UNLESS REVOKED BY TOWNSHIP