



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

PERMIT NO. \_\_\_\_\_

VENDOR/SOLICITOR APPLICATION

NAME OF COMPANY \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DESCRIPTION OF PRODUCT OR SERVICE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NO. OF VEHICLES TO BE USED _____	NO. OF PEOPLE TO BE IN AREA _____
VEHICLE MAKE _____	COLOR _____ LIC. # _____
VEHICLE MAKE _____	COLOR _____ LIC. # _____
VEHICLE MAKE _____	COLOR _____ LIC. # _____

SOLICITOR NAME \_\_\_\_\_  
SOLICITOR NAME \_\_\_\_\_  
SOLICITOR NAME \_\_\_\_\_

FOR OFFICE USE ONLY:

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

FEE \_\_\_\_\_ (Cash Only)  
PHOTO I.D. (D.L.) \_\_\_\_\_ YES \_\_\_\_\_ NO  
BUSINESS CARD SUBMITTED \_\_\_\_\_ YES \_\_\_\_\_ NO

APPLICANT'S SIGNATURE \_\_\_\_\_

SUPERVISOR D.L. # \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ BY \_\_\_\_\_  
CHIEF/CHIEF'S DESIGNATE

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SOLICITING PERMITTED MONDAY THRU SATURDAY 10:00 A.M. TO 5:00 PM  
PERMIT VALID FOR NINETY (90) DAYS FROM ISSUANCE  
UNLESS REVOKED BY TOWNSHIP