

Proudly Protecting and Serving the community since 1898



Auditor Cole Hatfield
Police Chief Robert J. Hickman
City of Port Clinton
1868 E. Perry Street
Port Clinton, Ohio 43452



**SOLICITOR'S PERMIT
APPLICATION / BACKGROUND CHECK**

(APPLICATION MUST BE MADE AT LEAST 10 BUSINESS DAYS BEFORE ISSUANCE OF PERMIT)

ALL INFORMATION MUST BE LEGIBLY PRINTED

FIRST NAME _____ MI _____ LAST NAME _____

ANY OTHER LAST NAMES _____

CURRENT HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ - _____ - _____ DOB _____ - _____ - _____

VALID GOVERNMENT PHOTO ID# _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO

OTHER ADDRESSES AT WHICH YOU HAVE LIVED IN THE PAST 12 MONTHS:

ADDRESS 1 _____

CITY _____ STATE _____ ZIP _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

OTHER PLACE(S) OF EMPLOYMENT IN THE PAST 12 MONTHS:

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INFORMATION REGARDING THE COMPANY FOR WHOM YOU ARE SOLICITING:

NAME OF COMPANY _____

TELEPHONE NUMBER ____/____/____ FEDERAL TAX ID NUMBER _____

LENGTH OF SERVICE WITH THIS COMPANY _____

NAME OF YOUR SUPERVISOR _____

DESCRIBE THE NATURE AND CHARACTER OF THE GOODS AND SERVICES TO BE SOLD OR SERVICES TO BE FURNISHED OR PURPOSE FOR WHICH FUNDS ARE BEING SOLICITED:

NAME OF OTHER TOWNSHIPS / VILLAGES / CITIES / COUNTIES IN WHICH THE APPLICANT HAS RECENTLY CONDUCTED ACTIVITIES FOR WHICH LICENSE IS HEREIN REQUIRED:

INFORMATION REGARDING ALL VEHICLES TO BE USED WHILE SOLICITING:

MAKE _____ MODEL _____ YEAR _____

STATE OF REGISTRATION _____ LICENSE PLATE NUMBER _____

PROOF OF INSURANCE MUST BE PROVIDED (COPY ATTACHED TO THIS APPLICATION)

MAKE _____ MODEL _____ YEAR _____

STATE OF REGISTRATION _____ LICENSE PLATE NUMBER _____

PROOF OF INSURANCE MUST BE PROVIDED (COPY ATTACHED TO THIS APPLICATION)

I hereby authorize the Port Clinton Police Department, Port Clinton, Ohio, to give any information that it may have or has obtained bearing upon any Criminal or Misdemeanor record that I may have. In signing the authorization, I hereby release the above Law Enforcement Agency of any right, claims, or demands, actions, or causes of any action arising from the release of such information or from any other actions.

Signed: _____

Date: ____/____/____

**(This page to be completed by an authorized official
Of the City of Port Clinton.)**

*******The above named subject has the following record with Port Clinton Police Dept:**

M.L. Anderson - Records Clerk, Port Clinton P.D. _____ Date ____/____/____