

CITY OF WICKLIFFE

CANVASSING/DOOR-TO-DOOR SOLICITATION APPLICATION

| PART 1 – TO BE COMPLETED BY THE APPLICANT (please print or type) | | | | | | | | | |
|---|--|----------------|----------------|--------|---------------|-------------------------------|-------------------------------|-----------|-----------------|
| 1 | Applicant's Name | | | | Email Address | | | | |
| 2 | Home Address | | | | | Telephone Number () | | | |
| 3 | City | | State | | Zip Code | | County | | |
| 4 | Birth Date | Age | Place of Birth | | | Driver's License/State ID No. | | State | |
| 5 | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status | Height | Weight | | Hair Color | | Eye Color | |
| 6 | Present Employer | | | | | Employed Since | | | |
| 7 | Employment Address | | | | | Telephone Number () | | | |
| 8 | City | | State | | Zip Code | | County | | |
| 9 | Immediate Supervisor | | | | | Telephone Number () | | | |
| 10 | Name of Firm, Corporation or Association For Whom Canvassing Is Being Done | | | | | Tax I.D. Number | | | |
| 11 | Address | | | | | Telephone Number () | | | |
| 12 | City | | State | | Zip Code | | County | | |
| 13 | Brief Description Of Goods Sold, Services To Be Rendered, Or Funds Solicited. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 14 | Model of Vehicle Used | | Make | | Color | | State of Vehicle Registration | | Vehicle Plate # |
| 15 | If applicable, has applicant complied with the requirements of Ohio R.C. Chapter 1716 pertaining to charitable solicitations? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> | | | | | | | | |
| 16 | City Income Tax Form filled out and filed with the City of Wickliffe Tax Department (copy attached)? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> | | | | | | | | |

| PART 2 – TO BE COMPLETED BY THE APPLICANT (please print or type) | | | |
|--|---|---|---|
| 17 | Has applicant ever been convicted of a felony violation(s) or misdemeanor(s)? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> | | |
| 18 | If answering YES to Line #17, applicant must give the date, location and charge(s): | | |
| | | | |
| | | | |
| 19 | Has applicant ever had a permit revoked for canvassing, peddling or solicitation in the City of Wickliffe or any other Municipality? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div> | | |
| 20 | If answering YES to Line #19, applicant must give the date and Municipality: | | |
| | | | |
| | | | |
| 21 | <ul style="list-style-type: none"> • All completed applications must be accompanied with two (2) photographs of the applicant of approximate size (2" x 2"). • All completed applications must be accompanied with current BCI and FBI background checks. Locations for webchecks can be found on the Ohio Attorney General's website. • Any misrepresentation of identity or intention to make false, misleading, or deceptive statements while providing information required under City Ordinance 739 is grounds for Permit Revocation. • Upon expiration, all permits are to be returned to the Wickliffe Police Department. | | |
| 22 | Signature of Applicant X | | Date: |
| PART 3 – TO BE COMPLETED BY THE POLICE DEPARTMENT | | | |
| 23 | Two Photos Received? <input type="checkbox"/> YES <input type="checkbox"/> NO | Current Webcheck Received? <input type="checkbox"/> YES <input type="checkbox"/> NO | Date Received: |
| 24 | Local Record Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO | Copy of Approved Application to Tax Department? <input type="checkbox"/> YES <input type="checkbox"/> NO | Fee Receipt No: |
| 25 | Is Permit Revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO | Is Appeal Filed? <input type="checkbox"/> YES <input type="checkbox"/> NO | Application Investigation Made By: X |
| 26 | Permit Application: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | | ATTACH PHOTO HERE |
| 27 | Reason for Denial: | | |
| 28 | Approved By: X | | |
| 29 | Date: | Permit Number: | |
| 30 | Date Permit Issued: | Date Permit Expires: | |