

**CITY OF WICKLIFFE**  
**CANVASSING/DOOR-TO-DOOR SOLICITATION**  
**APPLICATION**

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

**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)?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
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?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
20	If answering YES to Line #19, applicant must give the date and Municipality:    		
21	<ul style="list-style-type: none"> <li>• All completed applications must be accompanied with two (2) photographs of the applicant of approximate size (2" x 2").</li> <li>• 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.</li> <li>• 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.</li> <li>• <b>Upon expiration, all permits are to be returned to the Wickliffe Police Department.</b></li> </ul>		
22	Signature of Applicant  <b>X</b>		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:  <b>X</b> Date:
26	Permit Application:  <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		ATTACH PHOTO HERE
27	Reason for Denial:		
28	Approved By:  <b>X</b>		
29	Date:	Permit Number:	
30	Date Permit Issued:	Date Permit Expires:	