

Village of McDonald – Application for Solicitor/Peddler Permit

BUSINESS INFORMATION

Business Name

Primary Contact

Street Address

Business Phone Number

City, State and Zip

Tax ID# (if applicable)

Goods or services to be sold or purpose for which funds are being collected: _____

APPLICANT INFORMATION

Name

Phone Number

Street Address

Email Address

State and Zip

Driver's License/State ID/Passport #

If younger than 18 years of age, list parent/guardian name and emergency contact phone number:

Name

Phone Number

APPLICANT VEHICLE INFORMATION

Make/Model

Color

License plate (issuing state & plate number)

REGISTRANT ACKNOWLEDGEMENT: I do hereby acknowledge that all information contained herein is true; it is my responsibility to abide by all State of Ohio laws and Village of McDonald Ordinances regarding Peddlers, Canvassers and Solicitors contained within Chapter 711; and I understand that any violation of such laws or Ordinance may be cause, among other penalties, for revocation of my permit.

Signature of Applicant

Date

FOR OFFICE USE ONLY

____ Letter of Authority Received ____ Photo ID Attached ____ Application Fee Received
____ BCI/FBI Background Checks ____ Approved/Date
____ Permit Expiration Date ____ If Juvenile, Written Consent