

**City of Bellevue
Certificate of Registration for Canvassing, Solicitation or Peddling**

3-15-2010

Applicant Information:

Full Name:	Age:	Phone:
Social Security No.:	Driver's License No.:	
Permanent Address:		
City:	State:	Zip Code:
Local Address:		
City:	State:	Zip Code:
Physical Description:		

Date & time period you will be working:

Proposed Start Date:	Proposed End Date:	Proposed time of day:
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Vehicle Information: *If more than one vehicle is used, please write the vehicle(s) information on the back of this sheet.

Make:	Model:	Year:	Color:	License No.:
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Has the Applicant:

1. Had a permit revoked? : Yes No
 If YES, please give TIME & PLACE of revocation:

2. Been convicted of a felony or a misdemeanor involving moral turpitude : Yes No
 If YES, please give TIME & PLACE and other particulars:

3. Complied with the requirements of Ohio Revised Code 1716 pertaining to charitable solicitations? (If Applicable): Yes No

Other municipalities where Applicant has conducted canvassing/soliciting:

Person Firm, Corporation or Association for whom the canvassing, soliciting or peddling is being made:

Company Name:			
Address:	City:	State:	Zip Code:
Federal ID No.:	If no Fed ID No., Social Security No.:		

Please give a general description of the nature of the business and the goods, services or wares to be sold:

Please list the names and addresses of the person, firm corporation or association for whom the Applicant has solicited during the past three (3) years:

Upon approval of the Application by the Director of Public Safety, or his authorized representative, a Certificate of Registration, valid for one (1) year will be issued. This Certificate shall be revoked by the Director of Public Safety for any of the causes listed in Ordinance 731.09. A list of residents, who have registered with the Director as not allowing canvassing, solicitors or peddlers, will be made available when the Certificate is issued.

The Applicant has read and agreed to all terms and conditions of Chapter 731 of the Bellevue Codified Ordinance:

Applicant's signature:	Date:
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For Official Use Only:

Police Dept.:	Income Tax Dept.:
Safety-Service Director:	