

APPLICATION FOR CANVASSER, SOLICITOR OR PEDDLER PERMIT
CITY OF KENT, 215 E. SUMMIT STREET, KENT, OHIO 44240
(Please review Chapter 745, Kent Codified Ordinance)

Date _____ Social Security Number _____

Name _____ Birth date _____ Phone _____

Hair _____ Eyes _____ Height _____ Weight _____

Permanent address of applicant _____

Local address _____

Brief description of the nature of the business and goods to be sold:

Name and address of employer: (with credentials or I.D. establishing exact relationship)

Employer's: Federal ID _____ State ID _____ Sales Tax ID _____

Length of time for which the right to do business is desired: From: _____ To: _____

Supplier of the goods, materials, or products to be sold or orders taken for sale thereof, are manufactured or produced:

Where are the goods or products at the present time: _____

Proposed method of delivery: _____

Names, addresses and phone numbers of at least three (3) business references who will certify as to the applicant's good character and business credibility:

Has applicant ever been convicted of, or pleaded guilty to, any crime, misdemeanor or violation of any municipal ordinance? ____ Yes ____ No If yes, please explain nature of offense and penalty:

Description of all cars or vehicles to be used by applicant, if any:
Make _____ Model _____ Color _____

License No. _____ County/State of registration _____

Owner _____ Driver's License Number _____

Applicant's signature

-----OFFICE USE ONLY-----

Two (2) photographs of applicant must accompany this application, which have been taken within the last 60 days immediately prior to the date of filing of application. Pictures shall be 2" x 2" showing the head and shoulders of the applicant in a clear and distinguishing manner.

Filing fee of \$5.00 paid on _____ Receipt # _____

Surety Bond of \$5,000 on file _____ Bond Approved _____ Date _____

Type of Permit:

Category A _____ Insurance _____ Ins Approved _____ Date _____

Category B _____

Category C _____

Permit Approved ____ Yes ____ No Police Chief/Designee _____ Date _____

License Fee Amt _____ Paid Date _____ Receipt # _____

ID Card Fee of \$5.00 paid on _____ Receipt # _____