



**Application for a Solicitor's Permit**

**City of Mentor, Ohio**

(As required by Section 753.04 & 753.05 of the Mentor Code of Ordinances)

- (a) Name, addresses, telephone numbers and social security numbers of all persons who shall be authorized to solicit by issuance of this permit and the manager or supervisor of these persons:

**See ATTACHMENT A**

- (b) Will the persons listed in (a) above go in or upon residential property, or ring a doorbell, or knock on a door of a private residence, including an apartment, not having been requested or invited to do so by the owner, occupant, or lessee of such private residence or apartment? YES: \_\_\_\_ NO: \_\_\_\_.  
If YES, all persons listed in section (a) above shall be fingerprinted and photographed by Mentor Police Department prior to issuance of a solicitor's permit.

- (c) Briefly describe the nature of the business, the kinds of goods, services, or property to be solicited or offered for sale, and the manner in which such business shall be conducted:


- (d) Attach a copy of a current vendor's license issued by the State of Ohio
- (e) Federal identification number of applicant's business: \_\_\_\_\_
- (f) Describe the place where and duration of time the applicant was last engaged or is currently engaged in business.


(g) At what places in the City and during what length of time will this business be conducted:


(i) Have any of the persons identified in section (a) been convicted of a crime, misdemeanor, or violation of any municipal ordinance? YES: \_\_\_\_ NO: \_\_\_\_\_. If YES, describe the nature of the offense and punishment assessed therefore:


- (j) If the applicant represents another person, firm and/or organization, attach credentials establishing authority to act as their representative.
- (k) The applicant shall provide such other reasonable information as to the identity or the character of the persons named in the application or the method or plan of doing the applicant's business as the Community Development Director and the Chief of Police may deem proper to fulfill the purpose of the Ordinance 753 in the protection of the public good.
- (l) Attach both a FBI & BCI criminal history check for the business applicant, and every person who will be soliciting under the applicant's authority.

**Fees to be submitted with application:**

(a)	Solicitor's Permit	\$100.00
(b)	Additional fee for each person, other than the applicant, to be authorized to solicit under this permit _____ Persons X \$25.00 each =	\$ _____
(c)	In the case of sales from a vehicle, additional fee for each such vehicle other than the first vehicle _____ Vehicles X \$25.00 each =	\$ _____
<b>TOTAL PERMIT FEE:</b>		<b>\$ _____</b>

The applicant hereby applies for a solicitor's permit for himself and the persons named in "Attachment A" and swears that the information contained herein is true and correct. The applicant further states that he/she has received and read a copy of Chapter 753 of the Mentor Code of Ordinances and will abide by all regulations established therein.

# Company Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Manager / Supervisor: \_\_\_\_\_

Manager / Supervisor Address: \_\_\_\_\_

\_\_\_\_\_

Manager / Supervisor Phone #: \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Applicant Address \_\_\_\_\_

\_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

## To Be Completed By Mentor Police Records:

Date of Submittal: \_\_\_\_\_ CCH Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# Attachment A

<b>NAME:</b> SSN: DOB: DRIVER'S LICENSE #: DRIVER'S LICENSE STATE:	<b>ADDRESS:</b> LOCAL: PERMANENT:	<b>PHONE #:</b> LOCAL: PERMANENT:	<b>PRINT:</b> Office Use Only
<b>NAME:</b> SSN: DOB: DRIVER'S LICENSE #: DRIVER'S LICENSE STATE:	<b>ADDRESS:</b> LOCAL: PERMANENT:	<b>PHONE #:</b> LOCAL: PERMANENT:	<b>PRINT:</b> Office Use Only
<b>NAME:</b> SSN: DOB: DRIVER'S LICENSE #: DRIVER'S LICENSE STATE:	<b>ADDRESS:</b> LOCAL: PERMANENT:	<b>PHONE #:</b> LOCAL: PERMANENT:	<b>PRINT:</b> Office Use Only
<b>NAME:</b> SSN: DOB: DRIVER'S LICENSE #: DRIVER'S LICENSE STATE:	<b>ADDRESS:</b> LOCAL: PERMANENT:	<b>PHONE #:</b> LOCAL: PERMANENT:	<b>PRINT:</b> Office Use Only
<b>NAME:</b> SSN: DOB: DRIVER'S LICENSE #: DRIVER'S LICENSE STATE:	<b>ADDRESS:</b> LOCAL: PERMANENT:	<b>PHONE #:</b> LOCAL: PERMANENT:	<b>PRINT:</b> Office Use Only