



CLEVELAND HEIGHTS POLICE DEPARTMENT



APPLICATION FOR SOLICITORS / PEDDLERS / ITINERANT VENDORS PERMIT

NAME: _____ SOCIAL SECURITY NO. _____
 ADDRESS (Home) _____ CITY _____
 TELEPHONE NO. (Home) _____ TELEPHONE NO. (Cell) _____
 DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ SEX M F
 HAIR COLOR _____ EYE COLOR _____
 ARE YOU A RESIDENT OF CUYAHOGA COUNTY? NO YES HOW LONG? _____
 ARE YOU A RESIDENT OF THE STATE OF OHIO? NO YES HOW LONG? _____
 HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (NOT TRAFFIC)? NO YES
 IF YES, GIVE DETAILS: _____

NAME OF ORGANIZATION REQUESTING PERMIT: _____
 ADDRESS: _____
 TELEPHONE NO. _____ SUPERVISOR/MANAGER NAME: _____
 NATURE OF SOLICITING: _____
 METHOD OF OPERATION: ON FOOT? VEHICLE MAKE/MODEL _____
 LICENSE NO: _____ ARE YOU A PAID SOLICITOR? NO YES
 WHAT IS YOUR ORGANIZATIONS' INTERNAL REVENUE TAX CLASSIFICATION? _____

HAVE YOU EVER HAD A PERMIT ISSUED BY THE CITY OF CLEVELAND HEIGHTS? NO YES
 IF YES, WHAT TYPE OF PERMIT AND DATE OF ISSUANCE? _____

SIGNATURE: _____ DATE: _____

CHIEF'S OFFICE USE ONLY

DATE OF FINGERPRINTING: _____ FINGERPRINT CARD RETURNED FROM BCI _____
 PHOTO PROCESSED? NO YES
 RECORD: NO YES DATE PERMIT ISSUED: _____ EXPIRES: _____ NUMBER: _____
 FEE PAID NO YES CASH CHECK/NO _____

APPROVED: _____ REJECTED: _____