

**CITY OF SYLVANIA**  
**Peddler/Solicitor License Application**  
Sylvania Police Division 6635 Maplewood Ave. Sylvania, Ohio 43560  
419.885.8905 Phone 419.885.8916 Fax

**The following information is required to be provided by the applicant. A separate application must be submitted for each person requesting to peddle/solicit.**

**A non-refundable License Fee of \$65.00 must be submitted with each completed application.**  
Individuals or corporations peddling/soliciting on behalf of an educational, religious, civic, or charitable organization shall not be required to pay this license fee.

Name of Applicant: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License or State I.D # \_\_\_\_\_ State of Issuance \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Criminal History: [Have you ever been convicted of a crime? If so, where, the nature of the offense, the date, and the punishment or penalty imposed. Give complete details.] \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Description of the nature of the business and the merchandise/services to be sold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Requested Dates for License [maximum of 180 days]: Start: \_\_\_\_\_ End: \_\_\_\_\_

**I have received a copy of Chapter 735 of the Codified Ordinances of the City of Sylvania, Ohio and I understand that I am required to abide by the provisions thereof.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\***LICENSE**\*\*\*\*\*

**The foregoing applicant is hereby granted this license to peddle/solicit within the City of Sylvania, Ohio pursuant to the provisions of SMC Chapter 735. This license is not transferable and expires on the ending date above or 180 days from the date of approval – whichever comes first.**

\_\_\_\_\_ **Date of Approval:** \_\_\_\_\_

**William H. Rhodus**  
**Chief of Police**

**LICENSE #:** \_\_\_\_\_

\$65.00 license/BCI webcheck fee received by \_\_\_\_\_ ID# \_\_\_\_\_ - receipt  
# \_\_\_\_\_

For Chief's office: [ ] Fee Waived [ ] Fee Not Required  
Revised: 3/2016