



DANIEL HARRIGAN, MAYOR

CITY OF AKRON  
TREASURY/LICENSE DIVISION  
166 S HIGH ST., ROOM 505  
AKRON OH 44308  
330-375-2484

**DOOR-TO-DOOR PEDDLER REGISTRATION APPLICATION**

(Please Print)

BUSINESS NAME \_\_\_\_\_ CITY OF AKRON  
INCOME TAX # \_\_\_\_\_

BUSINESS LOCATION/ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NAME OF BUSINESS CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

FORM OF OWNERSHIP: \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

IF PARTNERSHIP OR CORPORATION IS CHECKED, LIST OFFICERS/PARTNERS:

NAME ADDRESS PHONE TITLE

NAME ADDRESS PHONE TITLE

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE GOODS, WARES, MERCHANDISE OR SERVICES INVOLVED:

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

NAME OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

APPLICANTS ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BIRTH DATE OF APPLICANT \_\_\_\_\_ SOC SEC # \_\_\_\_\_

IF YOU WILL BE USING A MOTOR VEHICLE, PLEASE LIST THE MAKE(S), MODEL(S), YEAR(S), AND CURRENT REGISTRATION NUMBER(S).

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE? IF SO, PLEASE LIST THE DATE, PLACE AND DISPOSITION OF EACH OFFENSE. \_\_\_\_\_ YES \_\_\_\_\_ NO

Offense: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

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

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ALSO ACKNOWLEDGES RECEIPT OF THE REGISTRATION ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL OF THE REGISTRATION.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

## CRIMINAL HISTORY VERIFICATION ACKNOWLEDGMENT

The undersigned hereby acknowledges that he/she is required by law to provide truthful responses to the City of Akron's request for the undersigned's criminal history. The undersigned further acknowledges that the City of Akron will perform a criminal history background search of the undersigned. Any information discovered in the criminal history background check may be used to bar the undersigned from peddling within the corporate boundaries of the City of Akron, according to applicable laws, rules and regulations. Finally, knowingly providing false information in the application may subject the undersigned to criminal penalties.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Driver's License Number & State of Issuance: \_\_\_\_\_