

Village of Strasburg, Ohio
358 5th Street SW
Strasburg, Ohio 44680
(330) 878-7710

Solicitors License Application

Date _____, 20____ Name of Applicant _____

ID/ Driver's License # _____ Last, First, Middle (Required)
Date of Birth _____ Age _____

Height _____ Weight _____ (Copy Required)
Color Hair _____ Color Eyes _____

Permanent Home Address _____ Phone# _____

Temporary Local Address _____ Phone# _____

Nature of Business _____

Description of Goods/Services Offered _____

Name and Address of Employer _____

Name of Supervisor _____ Phone# _____

Last Three Cities where applicant conducted business 1. _____
2. _____
3. _____

Applicant can be contacted 1 week after leaving the Village at _____
Phone# _____

Length of time for which license is requested _____

Full Name (including middle), ID/Drivers License# and DOB of all persons proposed to be soliciting in the Village of Strasburg during the period for which application is made:

1. _____
2. _____
3. _____

License number, make model and color of each vehicle transporting applicants: _____

Have you or anyone listed above ever been convicted of any felony, misdemeanor, or violation of any municipal ordinance (Yes) _____ (No) _____

If answer is Yes, Explain: _____

Have you ever had a previous application revoked? (Yes) _____ (No) _____

If Answer is Yes, Explain why: _____

Fee Schedule:

For One Day\$5.00
For One Week.....\$10.00
For One Month.....\$15.00

Under Penalties of Law, I hereby state as follows:

1. I have the authority to subscribe to this Application on behalf of said Organization
2. All Information that has been submitted is true and correct.
3. I hereby authorize the Village of Strasburg Police Department to conduct an investigation into the truth of all information by me herein provided.
4. I fully understand that any false statement contained herein shall be sufficient cause to deny said Application or to revoke said Application
5. I fully understand that the Village of Strasburg may apply or deny any application without a full explanation of why such decision was made.
6. I fully understand that the hours of this permit are from 9am till 5pm and that I can not go beyond these hours or dates of application without facing criminal prosecution.

Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Application Approved _____ Rejected _____

Date Issued _____ Expiration _____

Police Department Remarks _____

Amount of Fee: _____ Date Received _____

Name of Village employee providing this permit and receiving amount of Fee:

(Signature)

I hereby approve the herein named individuals for a Solicitors Permit. I reserve the right to revoke this permit from anyone named herein for any violation of Village Ordinances, State or Federal laws.

Name: _____ Date: _____

(Printed and signature of Police Department Personnel approving application)