

*Village of Ottawa*  
*136 North Oak Street*  
*Ottawa OH 45875*  
*(p) 419.523.5020 (f) 419.523.3106*

**PRE-APPLICATION FOR  
PEDDLERS AND SOLICITORS**

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

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

\_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's License/State ID \_\_\_\_\_

Please list other municipalities where you have recently conducted this same activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any crime? If yes, explain:

Yes       No

\_\_\_\_\_

\_\_\_\_\_

Charitable Organization per O.R.C. Chapter 1716?

Yes       No

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

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

\_\_\_\_\_

Company Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

What are you selling? (Why are you going door to door?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of vehicle to be used:

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

License No.: \_\_\_\_\_

Color: \_\_\_\_\_

(Please provide copy of valid driver's license)

Date(s) of Peddling/Soliciting in the Village:

from \_\_\_\_\_ to \_\_\_\_\_

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**The license fee charged by the Safety-Service Director shall be \$10.00 per day; \$25.00 per week; \$50.00 per month; and \$100.00 per year. All annual licenses issued under the provisions of this chapter shall expire on December 31st of the year issued, Other licenses shall expire on the date specified in the license.**

The license issued under the provisions of this chapter shall be carried by any salesman, peddler or solicitor at all times when peddling or soliciting and shall be exhibited to any person being solicited and, on request to any police officer.

No person shall peddle, solicit or conduct market research, door to door, at dwelling houses or businesses at random, on sidewalks or streets, at public places, at private meeting places or in another manner or place in the Municipality between 6:00 p.m. and 9:00 a.m. or on any Sunday or holiday.

<i>office use only</i>
_____ Fingerprinting Completed
_____ Background Check Completed
_____ Police Chief or Designee

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_

Fee Paid: \_\_\_\_\_

By: \_\_\_\_\_