CHARDON POLICE DEPARTMENT

REGISTRATION AS CANVASSER OR SOLICITOR
(§732.02 C.O.)

NAME: _____ D.O.B.: _____ S.S.N.: _____-____-_____

PHYSICAL DESCRIPTION: HT: __'__" WT: ____ HAIR COLOR: _____ EYE COLOR: _____ SEX: M / F

DRIVER'S LICENSE NUMBER: _____ DL STATE: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

PHONE NUMBER: _____ MOBILE PHONE NUMBER: _____

LOCAL ADDRESS (IF DIFFERENT FROM ABOVE): _____

EMPLOYER'S NAME: _____ TAX I.D. NO: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER'S PHONE NUMBER: _____

LIST EACH MUNICIPALITY IN WHICH YOU HAVE CANVASSED OR SOLICITED IN THE PAST 12 MONTHS:

_____

IF SEEKING CHARITABLE DONATIONS, HAVE YOU COMPLIED WITH CH. 1716 OF THE OHIO REVISED CODE: YES / NO

PLEASE STATE WHETHER YOU HAVE HAD A SIMILAR LICENSE OR PERMIT DENIED OR REVOKED: Y / N

IF YES, PLEASE LIST DATE(S) AND MUNICIPALITY: _____

HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE, DRUG OFFENSE, ASSAULT, AND/OR A FELONY OR A MISDEMEANOR INVOLVING MORAL TERPITUDE? Y / N IF YES, LIST THE DATE(S), PLACE(S), AND DESCRIPTION(S) OF EACH CONVICTION: _____

_____

_____

LIST THE DATES/DAYS/TIMES THAT YOU EXPECT TO CANVASS OR SOLICIT: _____

VEHICLE REGISTRATION: _____ VEH REG STATE: _____

VEHICLE MAKE/MODEL/COLOR: _____

LIST THE NAME(S) AND ADDRESS(ES) OF ANY PERSON, FIRM, CORPORATION, ORGANIZATION, OR ASSOCIATION FOR WHOM YOU HAVE CANVASSED OR SOLICITED DURING THE PAST THREE (3) YEARS.

EMPLOYER'S NAME: ____

ADDRESS: ____

DATES OF EMPLOYMENT: ____

DESCRIBE GOODS, SERVICES, OR WARES SOLD: ____________________________________

____

EMPLOYER'S NAME: ____

ADDRESS: ____

DATES OF EMPLOYMENT: ____

DESCRIBE GOODS, SERVICES, OR WARES SOLD: ____________________________________

____

EMPLOYER'S NAME: ____

ADDRESS: ____

DATES OF EMPLOYMENT: ____

DESCRIBE GOODS, SERVICES, OR WARES SOLD: ____________________________________

____

EMPLOYER'S NAME: ____

ADDRESS: ____

DATES OF EMPLOYMENT: ____

DESCRIBE GOODS, SERVICES, OR WARES SOLD: ____________________________________

____

IF ANY ADDITIONAL INFORMATION NEEDS TO BE ADDED, PLEASE ADD IT TO THE BACK OF THIS SHEET.

PLEASE PROVIDE TWO PHOTOGRAPHS (APPROX 2"x2").

YOU MAY BE REQUIRED TO SUBMIT TO FINGERPRINTING, IF REQUESTED BY THE CHARDON POLICE DEPARTMENT, FOR GOOD CAUSE SHOWN FOR LOCAL POLICE FILES AND FOR THE PURPOSE OF DETERMINING YOUR CRIMINAL RECORD, IF ANY.

PLEASE COMPLETE AND SUBMIT WITH THIS APPLICATION A CITY OF CHARDON INCOME TAX REGISTRATION FORM.

A $50.00 NON-REFUNDABLE FEE MUST BE SUBMITTED WITH THIS COMPLETED FORM.

THIS INFORMATION SUBMITTED WITHIN THIS REGISTRATION IS TRUE AND ACCURATE.

_____ _____

APPLICANT'S SIGNATURE DATE

OFFICE USE ONLY:

APPROVED: Y / N

APPROVED BY: _____ DATE: _____

IF DENIED, REASON: _____

_____

$50 FEE PAID: Y / N DATE: _____ TWO PHOTOGRAPHS INCLUDED: Y / N

LEADS CHECKED: Y / N DATE: _____ CAD CHECKED: Y / N DATE: _____

EMPLOYMENT VERIFIED: Y / N DATE: _____