

**Hilliard Division of Police**

5171 Northwest Parkway, Hilliard, OH 43026

Phone: 614.876.2429 Email: hilliardpolice@hilliardohio.gov

TRANSIENT VENDOR APPLICATION

Applicant Information									
First Name:		Middle Name:		Last Name:					
Email:			Cell:						
Social Security #:			Date of Birth:						
Height:		Weight:		Hair Color:		Eye Color:			
Home Address:									
City:				State:		Zip:			
Temporary Address:									
City:				State:		Zip:			
List any community where you have conducted peddling or solicitation activities within the past 6 months :									
List all criminal convictions other than minor traffic within the past five (5) years :									
All Additional Places of Residence for Applicant in the Past 12 Months									
Street Address:				City:		State:		Zip:	
Street Address:				City:		State:		Zip:	
Street Address:				City:		State:		Zip:	
Street Address:				City:		State:		Zip:	
Street Address:				City:		State:		Zip:	
Company Information									
Corporate/Business or dba Name:									
Address:					City:				
State:			Zip:		Business Phone:				
Supervisor's Name:					Supervisor's Phone:				
Length of Time Employed By Company:									
Type of Business/ Description of Merchandise/Product for Sale/Services Furnished:									
Vehicle Information									
Color:		Year:		Make:		Model:			
License Number:				State in Which Vehicle is Registered:					

All Additional Employment for Applicant in the Past 12 Months

Business Name:

Street Address:	City:	State:	Zip:
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Business Name:

Street Address:	City:	State:	Zip:
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Business Name:

Street Address:	City:	State:	Zip:
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Required Documents & Fee

\$50.00 Non-refundable Application Fee (No cash or credit cards accepted.)

_____ Check (Payable to *City of Hilliard*) _____ Money Order

Show valid driver’s license or government issued identification. If applicant is not a U.S. citizen, show valid passport from country of origin and proof of legal entrance into the U.S. and authorization to work.

Provide, in its entirety, a copy of recent Ohio Bureau of Criminal Investigation (BCI) or Federal Bureau of Investigation (FBI) background results. Any WebCheck location can submit your fingerprints to BCI/FBI; however, as a courtesy, we have provided the information for two local companies. Request that the WebCheck processor send the BCI/FBI results directly to you, NOT the City of Hilliard.

- Northwest Kiwanis Deputy Register, 4740 Cemetery Road, Hilliard, Ohio 43026. Ph: 614.529.1203
- Biometric Information Management, 6059 Frantz Rd, Ste 102, Dublin, Ohio 43017. Ph: 614.456.1296

Photo Taken On-site

Certification

I certify that all information provided on this application is correct. I certify that any criminal history I have has been included with this application. I understand that any falsification will result in revocation of the permit.

I certify that, if granted a permit, I will not use the permit as an endorsement by the City, a city department or city employee of my company or products or services peddled/solicited.

I certify that I have been given a copy of Chapter 745 of the City of Hilliard Codified Ordinances.

I certify that, if granted a permit, I will maintain compliance with Chapter 745 of the City of Hilliard Codified Ordinances and all applicable county and state statutes, rules and regulations that affect transient vendors.

Applicant Signature: _____ **Date:** _____

For Administrative Use Only

Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
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<input type="checkbox"/> ID Tag/License Printed <input type="checkbox"/> Called/Left Voicemail for Pickup	Reviewed By:
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Receipt #:	Permit #:	Permit Dates:	
		From:	To: