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Application for License
Vendors and Solicitors
Ordinance 197-1996

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

1) Name: \_\_\_\_\_

2) Address (Permanent): \_\_\_\_\_ Phone: \_\_\_\_\_
Address (Local): \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_

3) Length of Employment with Present Employer: \_\_\_\_\_

4) Physical Description and Identification
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Eye Color: \_\_\_\_\_
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

5) List All Employers Applicant has Solicited for in the Last Three (3) Years
\_\_\_\_\_

6) Nature of Goods, Services or Wares to be Offered for Sale: \_\_\_\_\_

7) Dates and Times of Solicitation Including Routes: \_\_\_\_\_

8) Municipalities Where Applicant Has Worked Within the Last Six Months: \_\_\_\_\_

9) If Charitable Solicitation, Has O.R.C. 1716 Been Complied With? Yes \_\_\_\_\_ No \_\_\_\_\_

10) Vehicle to be Used in Oregon: State of Registration \_\_\_\_\_ License No. \_\_\_\_\_
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

11) Have You Ever Been Denied a License or Permit to Solicit or Had Such License or Permit
Revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please State Why, Including Time and
Place of Denial \_\_\_\_\_

Have You Ever Been Convicted of a Felony Violation or Misdemeanor Violation Involving Moral
Turpitude, Force or Violence? Yes \_\_\_\_\_ No \_\_\_\_\_
If Yes, please State Why, Including the Time, Place, and Length of Sentence (if any) of Such
Conviction \_\_\_\_\_

12) Effective Date: \_\_\_\_\_ to \_\_\_\_\_

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

City OMC Code 729 Attached

Prior to Issuance, All Appropriate Tax Forms Must be Completed

OMC 729.05- Display of Registration Certificate; Return.
Each registrant shall carry the Registration Certificate at all times within the municipality and shall exhibit it to any resident or Municipal Official
upon request. At the conclusion of the effective period, the registration certificate shall be returned to the City Administrator.