



CITY OF LANCASTER

Service Safety Director
104 East Main Street
Lancaster, OH 43130
(740) 687-6608

Solicitor Permit – Application

Door to Door Sales / Advertising / Marketing

Instructions

The City of Lancaster requires an approved application **prior to ANY solicitations or sales**. Applications will not be considered unless they are complete and submitted simultaneously with the necessary fees and supporting documents. Submitting an application **does not** guarantee you or your organization will be approved to solicit or sell.

All applications must be submitted two weeks prior to the date(s) being requested, in order to be eligible for review.

(For Office Use Only) Application Date: _____

Application Number: _____

1. Applicant Information

a. For Individual Applicants

Applicant Name: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

Description: Height: _____ Weight: _____ Hair: _____ Eye: _____

Date of Birth: _____ Social Security: _____

Drivers License Number and State: _____

Employer Name: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

b. For Organizations/Group Applicants (Charitable or Religious Purposes Only)

Organization Name: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

501(c)(3) Number: _____

Applicant Name: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

2. Operations

Describe the nature of operations (Ex. Door to door sales, advertising):

Desired Dates of Operation:

Start Date: _____ Start Time: _____

End Date: _____ End Time: _____

Vehicle(s) Used (attach additional sheets with vehicle information if necessary):

Make: _____ Model: _____

Year: _____ License Plate Number: _____

Solicitations will occur (check all that apply):

Private Property Sidewalk Parks (Excluding Rising Park) Street

3. Criminal History (Not Required for Charitable or Religious Organizations)

Have you ever been convicted of the following (include out of state convictions):

1) Any felony offense; 2) Any misdemeanor offense involving a false statement, dishonesty, theft, or an offense of violence; or 3) Any offense listed under Chapter 2907 (sex offenses) of the Ohio Revised Code?

Yes No

If yes, state the offense and the penalty imposed: _____

Are you currently, or have you ever been, required to register as a sex offender?

Yes No

If yes, state the offense, conviction date, and sentencing court: _____

4. Insurance, License, and Background Check Requirements

All solicitors MUST provide proof of

(1) Motor vehicle insurance that meets or exceeds Ohio's mandatory minimum coverage requirements.

(2) a valid driver's license.

(3) BCI Criminal Background Check (not more than one year old).

- Can be obtained from the Sheriff's Department or Ohio Attorney General
- Reason for Background/Fingerprint Check:
No ORC – Other: Solicitation Permit
- Charitable or Religious Organizations are exempt from the background check as a group, however each individual Solicitor is required to have a background check even if grouped under a Charitable or Religious Organization.

Applicant Signature: _____ Date: _____

5. Acknowledgement and Release of Liability

By my signature below, I acknowledge the following: I, the applicant, am responsible for providing all fees, documents, and information necessary to meet the requirements of this application and that even if I provide such, it is no guarantee that my registration will be approved by the City of Lancaster; the information contained in this application is true and accurate to the best of my knowledge; that I have read Chapter 751 (Peddlers) of the Lancaster Codified Ordinances and will act in good faith to comply with the same; that I will conduct sales or solicitations only at the time and place, and in the manner prescribed by the Service Safety Director; that I will not make or perpetuate any false statement, deception, dishonesty or fraud in connection with the operation of my business pursuant to this application; I will not call upon, knock at the door, or ring the doorbell of any residence in the City where there is posted a "No Soliciting" sign or words of similar import; I will not

enter, attempt to enter, or remain at any home without the consent of an adult resident; I will not make unlawful noises in the furtherance of my business; all vehicles used in the furtherance of my business will be operated by properly licensed drivers; that my registration may be revoked for a violation of any of these conditions as determined by the Service Safety Director; my application fee is non-refundable; I am solely responsible for any loss or liability incurred in the event my registration is revoked; I, and the organization I represent, agree to defend, indemnify, and hold harmless the City of Lancaster against any and all claims for damages, liability, or loss that may arise from my/our sales or solicitations in Lancaster; I verify that I have read and completed this application in its entirety.

Applicant Signature: _____ Date: _____

6. Permit Application Fees

Non-Refundable Permit Fees:

- One Day Solicitor Permit \$15.00
- One Week Solicitor Permit \$35.00
- One Year Solicitor Permit \$75.00

*Permit will expire on December 31st of the issuing year.

- Applicant is exempt from Fees (Charitable or Religious Organizations only)
501(c)3 Number: _____

Cash or Check are accepted.

MAKE CHECK PAYABLE TO “City of Lancaster”

Please mail or drop off this application to the
City of Lancaster, Service Safety Director
104 East Main Street, Lancaster, Ohio 43130

7. Application Checklist

- Non-Refundable Application Fee
- Driver’s License
- Motor Vehicle Insurance
- BCI Criminal Background Check

For Office Use Only:

Solicitor Permit – City of Lancaster

REGISTRATION FOR APPLICATION NUMBER:	
NAME OF APPLICANT/SOLICITOR:	
Based on the information and assurances set forth in the above application, the attached Application for a City of Lancaster Solicitor Registration is hereby APPROVED / DENIED as of the dates set forth below, together with the following terms and conditions (<i>include any time, place, and manner restrictions</i>):	
The following permit(s) shall be issued:	
<input type="checkbox"/> One Day Street Solicitor Permit	Date Issued For:
<input type="checkbox"/> One Week Street Solicitor Permit	Dates Issued For:
<input type="checkbox"/> One Year Street Solicitor Permit	Dates Issued For:
<input type="checkbox"/> Applicant is exempt from fees (Charitable or Religious Organization)	
Total Number of Permits:	Total Cost:
<input type="checkbox"/> Cash or <input type="checkbox"/> Check Number	Receipt Number
AUTHORIZED BY:	DATE: