

Solicitation Permit Application

FINGERPRINTING*

City of Pickerington 51 E Columbus St Pickerington, OH 43147 PHONE: 614-833-2221 FAX: 614-833-2273	Pickerington Police Depart 1311 Refugee Rd Pickerington, OH 43147 PHONE: 614-575-6911 FAX: 614-575-6219	tment *BCI and/or FBI report required Reports from other locations may be acceptable
Date		Fee Amount
Company Name		Phone Number
Address		Type of Product / Merchandise Non-Profit Organization Y N
Name of Applicant (Print) Applicant Signature Type of Photo ID (Please circle one):	Ohio License # / Passport / Oth	Ohio Driver License Number Email Address er
Location where working		Dates Requested to Work
hundred (\$100.00) and/or be prohibite	ed from selling or soliciting within the Co 852.11 of the Codified Ordinances of th	rmation in the registration shall be fined not more than one ity for a period of one (1) year. I do hereby agree to comply with the City of Pickerington (PCO) and any and all additional
APPROVED BY		DATE:

SUBMIT TO: