

# SOLICITATION PERMIT

City of Pickerington  
 Building Department  
 51 E. Columbus Street  
 Pickerington, OH 43147  
 PHONE: 614-837-3974  
 FAX: 614-833-2201

**FINGERPRINTING\***  
 Pickerington Police Department  
 1311 Refugee Road  
 Pickerington, Ohio 43147  
 PHONE: 614-575-6911  
 FAX: 614-575-6219  
 \*BCI and/or FBI report required  
 Reports from other locations acceptable



\_\_\_\_\_ Fee Amount

\_\_\_\_\_ Date Requested

\_\_\_\_\_ Company Name

\_\_\_\_\_ Address

\_\_\_\_\_ Name of Applicant

\_\_\_\_\_ Telephone

Photo Required Y N

- Temporary Store Requested
- Non-Profit Organization

\_\_\_\_\_ Type of Product / Merchandise

\_\_\_\_\_ Location Where Working

\_\_\_\_\_ Dates Requested to Work

NAME	DOB	OLN
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, you may use the back of this sheet.

\_\_\_\_\_ Vendor's License Number

\_\_\_\_\_ Organization Identification Number

As described in Section 852.99 of the PCO, any person who provides false information in the registration shall be fined not more than one hundred (\$100.00) and/or be prohibited from selling or soliciting within the City for a period of one (1) year. I do hereby agree to comply with Sections 852.02 through and including 852.11 of the Codified Ordinances of the City of Pickerington (PCO) and any and all additional requirements or conditions of this permit so ordered by the Chief of Police.

- City Manager
- Finance Director
- Police File

Special Instruction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Approved By

\_\_\_\_\_ Date

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

\_\_\_\_\_ Date

\_\_\_\_\_ Email Address