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## Solicitor Permit Regulations

In order to obtain a Solicitor Permit, the following information needs to be turned in:

- Application for Individual Peddler/Solicitor Permit(s) and Application for Company Peddler/Solicitor Permit
- Two photographs of the applicant of appropriate size (approximately two inches by two inches)
- A copy of Driver License
- Fee for the application (\$7.50 for 6 months or \$15.00 for 1 year for each Individual Permit and \$25.00 for 6 months or \$50.00 for 1 year for the Company Permit)
- Tax identification number of employer or social security card number
- Ohio WebCheck fingerprinting (form enclosed with packet is for Rossford Police Department, 99 Hillsdale Ave., Rossford, OH 43460 however, this can be also be completed at any other Ohio WebCheck Locations)

The permit application and attachments must be turned in no less than five nor more than fifteen days prior to the commencement of the canvassing, solicitation, or peddling. A separate application must be filled out for each individual that will be canvassing, soliciting or peddling. If the application is approved, a certificate of registration/solicitor's permit will be issued.

Any person canvassing, soliciting, or peddling for purposes set forth in Section 713 of the Codified Ordinances shall do so only between the hours of 10:00 a.m. and 7:00 p.m. Monday through Sunday.

For more information regarding regulations for residential canvassing, soliciting and peddling see Chapter 713 of the City of Rossford Codified Ordinances, which is available for viewing at City offices or on our website at [www.rossfordohio.com](http://www.rossfordohio.com)



419.666.0210  
419.661.4279 fax  
www.rossfordohio.com

### APPLICATION FOR COMPANY PEDDLER/SOLICITOR PERMIT

Please allow ten (10) days before the license is issued.

Permit Number: \_\_\_\_\_

**Business Name:** \_\_\_\_\_  
**Federal Identification Number (EIN):** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Previous Addresses\*:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

<b>Please Check One</b>	
<b>\$25 (6 months):</b>	<input type="checkbox"/>
<b>\$50 (12 months):</b>	<input type="checkbox"/>

\*Must list all business addresses within the past 12 months - use back if needed

**All other Municipalities where the business has engaged in peddler or solicitor business or activity during the previous calendar year:**

\_\_\_\_\_  
\_\_\_\_\_

**Nature of Business:** \_\_\_\_\_  
**Description of Goods and/or Services:** \_\_\_\_\_  
**Vehicle to be Used:** **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**License Plate Number:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Has the company ever had license or permit revoked?**

**No:**

**Yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

**Office Use Only**

**Approved**  **Denied** **Date:** \_\_\_\_\_  
**City Administrator:** \_\_\_\_\_



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**APPLICATION FOR INDIVIDUAL PEDDLER/SOLICITER PERMIT**

Permit Number: \_\_\_\_\_

<b>Please Check One</b>	
<b>\$7.50 (6 months):</b>	<input type="checkbox"/>
<b>\$15.00 (12 months):</b>	<input type="checkbox"/>

**Applicant's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Previous Addresses\*:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\*Must list all addresses resided within the past 12 months - use back if needed

**Employer's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Previous Employer\*:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\*Must list all employers within the past three (3) years - use back if needed

**All other Municipalities where you have engaged in peddler or solicitor business or activity during the previous calendar year:**

**Other person(s), corporation(s), or association(s) applicant has solicited or peddled for within the past three (3) years:**

**Nature of Business:** \_\_\_\_\_

**Description of Goods and/or Services:** \_\_\_\_\_

**Vehicle to be Used: Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**License Plate Number:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Have you ever had a license or permit revoked?**

No:

**Yes, please explain:** \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor violation?**

No:

**Yes, please explain:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Office Use Only**

Valid Ohio WebCheck       2 photos taken in last 12 months  
 Approved       Denied

**City Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be notified by the requesting agency that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>1</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>2</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/compact-council/guiding-principles-noncriminal-justice-applicants-privacy-rights>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If you need additional information or assistance, please contact the Identification Quality Assurance Unit at 740-845-2113 or [NationalWebcheck@ohioattorneygeneral.gov](mailto:NationalWebcheck@ohioattorneygeneral.gov).

<sup>1</sup> See 28 CFR 50.12(b).

<sup>2</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

# Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

## Personal Information (please print)

Type of Photo Id and Id # \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

SSN \_\_\_\_\_

City \_\_\_\_\_

Phone # \_\_\_\_\_

State/Province \_\_\_\_\_

Alt. Phone # \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Email address \_\_\_\_\_

**Complete this portion if an FBI background check is needed:**

Sex

Race

Height

Weight

Eyes

Hair

Reason for background check – Reason / ORC CODE #:

NAME AND ADDRESS FOR RESULTS TO BE MAILED TO

Ohio Dept. of Education

Ohio Board of Nursing

BMV Dealer Licensing

Ohio Medical Board

Ohio Board of Pharmacy

Social Worker Board

Child Care Center - Type A - ODJFS

Ohio Construction Board

Ohio Dept. of Public Safety

**Direct Copy Options (Select and circle only one)**

Ohio Medical Board

Ohio Board of Pharmacy

Ohio Dept. of Liquor Control

Ohio Deputy Registrar

Ohio Dept. of Insurance

OPOTA

Respiratory Care Board

Lottery Commission

Ohio Dept. of Liquor Control

Ohio State Racing Commission

Orthotics, Prosthetics, Pedorthics Board

Occupational Therapy, Physical Therapy

and Athletic Trainers Board

State Speech &amp; Hearing Professionals Board

State Vision Professionals Board

Ohio Veterinary Medical Licensing Board

NONE

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to **Rossford Police Department**. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print) \_\_\_\_\_

Witness Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature (minor Applicants only) \_\_\_\_\_

**By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.**