

CITY OF MT. HEALTHY

FOR PROFIT PEDDLING, SOLICITING & TEMPORARY MERCHANT

90 DAY PERMIT APPLICATION

(check one) Peddling/Soliciting Temporary Merchant

Date of application: _____ Fee \$25.00 Paid: _____

Applicant's name: _____

Address: _____

Work phone: _____ Home phone: _____ Cell phone: _____

County or State license now held by applicant:

Type: _____

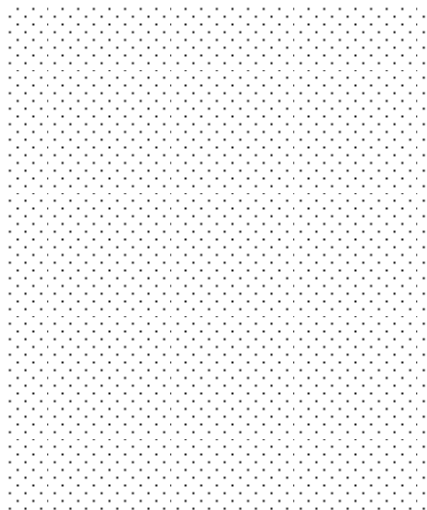
Remarks: _____

U. S. Citizen: _____ Yes _____ No (if no, give legal domicile in homeland)

Age: _____ Height: _____ Weight: _____ Male: _____ Female: _____

Date of birth: _____ Color of hair: _____ Color of eyes: _____

Attach a recent photograph:



NOTE:

All applicants must consent to a criminal background check. Consent: Yes ____ No ____

Signature: _____ SS # _____ - _____ - _____

Previous criminal record: _____ Yes _____ No

If yes, explain: _____

Employer (Owner): _____ Phone: _____

Address: _____

Type of goods, wares, merchandise or services you wish to sell, peddle or solicit – or – the purpose and pertinent details of the proposed solicitation you wish to make: _____

Will you offer free gifts of literature to entice any donations of any kind: ____ Yes ____ No
If yes, explain in detail: _____

Type of vehicle to be used: _____ License Plate #: _____

Make: _____ Model: _____ Registration #: _____

Number of workers engaged in operation: _____

Applicant's signature: _____

Note: Each worker must file an application and obtain a separate permit. Permits are **NOT TRANSFERABLE TO ANOTHER PERSON**. Permits **MUST** be carried at all times, and you shall exhibit such permit upon request to all Police Officers, City Officials, and citizens.

The following is for

TEMPORARY MERCHANT ONLY

Describe type of temporary business: _____

Applicants who will be handling foodstuffs require a Hamilton County Health Department inspection.

Check if proof of Hamilton County Healthy Dept. inspection shown. *(Required, Attach copy)*

As stated in Mt. Healthy City Ordinance §115.03 (D) Applicants who propose to handle foodstuffs shall also attach to their application, in addition to any attachment required under division (C), a statement from a licensed physician, dated not more than 14 days prior to the date of application, certifying the applicant to be free of contagious or communicable disease.

Check if statement shown. *(Required, Attach copy of physician's statement)*

Temporary Merchants are required to have permission from the property owner where they intend to conduct their business.

Property Owner Permission **Check if verified** *(Required)*

Owners Name: (print) _____ **Address:** _____

Phone: _____ **Signature:** _____

Applicant's signature: _____

No person licensed as a peddler or solicitor under this ordinance shall engage in peddling or soliciting within the City of Mt. Healthy at any time before nine o'clock (9:00) A.M. or after nine o'clock (9:00) P.M.

PEDDLER/SOLICITOR/TEMPORARY MERCHANT

Approved: ___ **Denied:** ___ **Expires:** _____ *(90 days)*

Reason for denial: _____

Officer

Date

City of Mt. Healthy
7700 Perry St. Mt. Healthy, Ohio 45231
513-728-3183 fax 513-728-3189
mthealthy.org