



The City of

Alliance, OHIO, 44601-2415

"The Carnation City"

504 EAST MAIN STREET

Phone: 330-821-3110

Fax: 330-821-9362

APPLICATION FOR PERMIT

PEDDLERS, SOLICITORS, CANVASSERS, HAWKERS, TRANSIENT VENDORS
AND STREET VENDORS

"Temporary Business License Application"

A.C.O. 765.01 et seq.

Ord. No. 59-18

App. No. _____

1. Full Name of Applicant: _____
2. Date of Birth of Applicant: _____
3. Telephone Number of Applicant: _____
4. Local Address of Applicant: _____
5. Physical Description of Applicant: (Photo ID required)

A. Age: _____	B. Height: _____	C. Weight: _____
D. Hair Color: _____	E. Eye Color: _____	F. Sex: _____
6. Social Security Number of Applicant: _____
7. Name of company representing: _____
 Address of company: _____
 Telephone number of company: _____ Fax Number: _____
8. Description or nature of proposed business including proposed location for goods, merchandise or property to be sold: _____

9. If requesting permission to sell from a temporary place of business, written consent of the owner of premises or other duly authorized person **must** be attached to this application. _____
10. Has Applicant ever been convicted of a felony or a misdemeanor involving moral turpitude? _____
 If so, please give location, nature and penalty imposed: _____

11. ___ License Fee of \$100.00 is attached ___ License Deposit for Cleaning of \$100.00 is attached (if applicable)
12. Applicant must also register with the Income Tax Department located on the 1st floor of the City Administration Building, 504 E. Main Street. Applicant may need to check with the Building Department on the 1st floor depending on the type of business to be conducted.
13. As part of your license, your photo may be made available as a licensed vendor on the city website.

SIGNATURE OF APPLICANT

Date