

**City of Fairview Park  
20777 Lorain Road  
Fairview Park OH 44126**

APPLICATION FOR SOLICITOR IDENTIFICATION CERTIFICATE

Full Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_  
Sex Female \_\_\_\_\_ Male \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you ever been arrested for any crime other than minor traffic violations: (Detail location, nature offense, and penalty.)** Yes \_\_\_\_\_ No \_\_\_\_\_

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Have ever been denied a license or permit to solicit or canvas? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, give details) \_\_\_\_\_

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Make of Car \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Registration No. \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_  
Your driver's License if any: \_\_\_\_\_

Company Represented \_\_\_\_\_ Telephone# \_\_\_\_\_ - \_\_\_\_\_

Is your company a Profit \_\_\_\_\_ or Non Profit \_\_\_\_\_ Organization?

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Local Supervisor \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of goods to be sold \_\_\_\_\_

Intended period of solicitation \_\_\_\_\_ Profit Org \_\_\_\_\_ Non Profit \_\_\_\_\_

I swear that the above information is correct to the best of my knowledge.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

***The certificate will be revoked if the bearer violates any provisions of 713 Codified Ordinance #04-28. Permit expires 30 days from issuance date... See Section 2 of chapter 713 for fees...***