

CITY OF BRUNSWICK DIVISION OF POLICE
SOLICITING APPLICATION – FROZEN DESSERT PEDDLERS AND VEHICLES
CHAPTER 836.12 OF THE CODIFIED ORDINANCES OF THE CITY OF BRUNSWICK

NAME:			CITY:					
ADDRESS:			STATE AND ZIP:					
HOME PHONE: ()			CELL PHONE: ()					
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:		OHIO DRIVER'S LICENSE NUMBER:					
SEX:	HGT:	WGT:	HAIR:	EYES:				
MAKE/MODEL OF VEHICLE:			VEHICLE LICENSE NUMBER:					
NAME OF COMPANY:			PHONE: ()					
ADDRESS OF COMPANY:								
TAX IDENTIFICATION NUMBER OF EMPLOYER:			APPLICANT'S LENGTH OF SERVICE FOR WHOM HE/SHE IS SOLICITING:					
GIVE BRIEF DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD:								
ALL PLACES OF RESIDENCE WITHIN THE ONE PREVIOUS YEAR:								
ALL PLACES OF EMPLOYMENT WITHIN THE ONE PREVIOUS YEAR:								
PLEASE GIVE NAME, COMPLETE ADDRESS, AND PHONE OF TWO REFERENCES:								
NAME:		ADDRESS/CITY/STATE/ZIPCODE:		PHONE:				
NAME:		ADDRESS/CITY/STATE/ZIPCODE:		PHONE:				
PHOTO			HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC OFFENSES?		YES:	NO:		
			DATE AND NAME OF OFFENSE(S):					
			EXPLANATION:					
			I SWEAR THAT THE ABOVE STATEMENTS ARE TRUE. I FULLY UNDERSTAND THAT ANY FALSE STATEMENTS SHALL BE CAUSE FOR DENIAL OF APPLICATION OR REVOCATION OF PERMIT.					
SIGNATURE:			DATE:					

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CHAPTER 836 OF THE CODIFIED ORDINANCES OF THE CITY OF BRUNSWICK
SECTION 836.12 FROZEN DESSERT PEDDLERS AND VEHICLES

DO NOT WRITE IN THIS SPACE	
\$50 application fee	Received by City of Brunswick Finance Department ___ Yes ___ No
City of Brunswick Business Questionnaire (please attach)	Received by City of Brunswick Income Tax Office ___ Yes ___ No
BCI and FBI Check through Medina County Sheriff's Office When applying for background check, please specify that background check results <u>must be mailed directly</u> from the agency to: Brunswick Division of Police Attn: Sgt. Hayest 4095 Center Road Brunswick, OH 44212 <u>Do not</u> mail the results to yourself or any other agency.	B.C.I. ___ Yes ___ No F.B.I. ___ Yes ___ No
City of Brunswick Division of Police	Proof of ID: _____ Approving Officer: _____ Record Check: _____
Valid Ohio Driver's License	___ Yes ___ No
Copy of insurance policy (min. \$300,000 bodily injury and property damage insurance) (please attach)	___ Yes ___ No
Copy of vehicle inspection report (please attach)	___ Yes ___ No
Copy of Medina County Health Department Food Service Mobile License (please attach)	___ Yes ___ No
File a quarterly revenue report with the City of Brunswick Finance Department	