

VILLAGE OF WESTFIELD CENTER
6701 GREENWICH ROAD
P. O. BOX 750
WESTFIELD CENTER, OH 44251
330-887-5151

SOLICITOR'S PERMIT

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

COMPANY NAME: _____ POSITION: _____

COMPANY ADDRESS: _____

COMPANY TELEPHONE NUMBER: _____

DESCRIPTION OF BUSINESS: _____

GOODS/SERVICES TO BE SOLD: _____

COMPANY CREDENTIALS (PROOVING AUTHORIZED EMPLOYEE): _____

PHOTO I. D. ATTACHED: _____

REFERENCES:

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMPLOYEE OF SOLICITOR:

A) NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

COMPANY CREDENTIALS (PROOVING AUTHORIZED EMPLOYEE): _____

PHOTO I. D. ATTACHED: _____

REFERENCES:

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FEES: \$25.00 PER PERSON/ENTITY
\$25.00 PER EMPLOYEE OF SOLICITOR
TOTAL AMOUNT DUE: _____
AMOUNT PAID: _____ DATE: _____
METHOD OF PAYMENT: _____

OFFICE USE ONLY

BACKGROUND CHECK – SOLICITOR/ENTITY

NAME/COMPANY: _____

DATE: _____

REFERENCES OF SOLICITOR/ENTITY:

1. NAME: _____

COMMENTS: _____

2. NAME: _____

COMMENTS: _____

ADDITIONAL COMMENTS:

FINGERPRINTS/THUMBPRINTS/PHOTO ID

BACKGROUND CHECK – EMPLOYEE OF SOLICITOR

NAME/COMPANY: _____

DATE: _____

REFERENCES OF EMPLOYEE OF SOLICITOR:

1. NAME: _____

COMMENTS: _____

2. NAME: _____

COMMENTS: _____

ADDITIONAL COMMENTS:

FINGERPRINTS/THUMBPRINTS/PHOTO ID

**VILLAGE OF WESTFIELD CENTER
SOLICITOR'S PERMIT**

SOLICITOR NAME: _____

COMPANY NAME: _____

EMPLOYEE OF SOLICITOR NAME: _____

GOODS/SERVICES TO BE SOLD: _____

PERMIT ISSUED DATE: _____

PERMIT EXPIRATION DATE: _____

Chad Meyers, Chief of Police

Date

Note: This permit form and a photo I.D. must be carried when soliciting in the Village of Westfield Center.

**VILLAGE OF WESTFIELD CENTER
SOLICITOR'S PERMIT**

SOLICITOR NAME: _____

COMPANY NAME: _____

EMPLOYEE OF SOLICITOR NAME: _____

GOODS/SERVICES TO BE SOLD: _____

PERMIT ISSUED DATE: _____

PERMIT EXPIRATION DATE: _____

Kent Patterson, Chief of Police

Date

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