

VILLAGE OF WESTFIELD CENTER POLICE DEPARTMENT  
6701 GREENWICH ROAD  
P. O. BOX 750  
WESTFIELD CENTER, OH 44251  
330-887-9110

SOLICITOR'S PERMIT

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 (PROVING 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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

COMPANY CREDENTIALS (PROVING 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 (FEE IS NON REFUNDABLE)**

**\$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

**OFFICE USE ONLY**

**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