CITY OF BROOKLYN, OHIO

DEPARTMENT OF PUBLIC SAFETY

APPLICATION FOR SOLICITOR'S PERMIT/LICENSE

Name:_____
First Middle Last

Address:
_____
House # & Street City State Zip Code

Phone:
_____
Home/Primary Business # Cell/Pager #

_____
Social Security No. Place of Birth Date of Birth

Name, Address and Phone Number of Company/Organization:

_____

_____

Nature of Business:
_____

Period of Time for Conducting Business:
_____

Are you the owner of the business or are you employed for this purpose?
_____

Have you been refused a license for any purpose whatsoever?
_____

Have you ever been arrested? _____ Date _____ Where _____ Charge _____

Have you ever been convicted? _____ Date _____ Where _____ Charge _____

Have you any mental or physical incapacity or infirmity, of which you are aware, which would in any way interfere with the proper management and control, by you, of a motor vehicle?
_____

Vehicle Information: Make _____ Model _____ Year _____ License No. _____

Driver's License No. _____ Personal Description: Sex _____ Height _____

Weight _____ Color of Eyes _____ Color of Hair _____

All of the above information is true to the best of my knowledge, and I consent to a record check through the Brooklyn Police Department.

_____ _____
Signature of Applicant Permit/License No. Issued

_____ _____
Date Fee Paid