

CADIZ POLICE DEPARTMENT

Application for Soliciting Permit

128 Court Street, Cadiz, Ohio 43907
740-942-8844 Ext 228 FAX: 740-942-8705
cadizpolice34@frontier.com

Date of Application: ____/____/____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Person Soliciting:

Name: _____ SSN# _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Cell# _____ DL # _____

Vehicle Registration Information:

Name: _____ SSN# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell# _____

License Plate# _____ State: _____ Vehicle# _____

Name three Cities or Villages that you have solicited within the last year:

By signing this form below, I understand that the Cadiz Police Department will be conducting a background check for any past criminal records on all applicants applying for soliciting permits.

Signature: _____ Date: ____/____/____

Department use only:

Officer Approving: _____ Date: ____/____/____ Unit# _____

Chief D. Ryan McCann _____ Date: ____/____/____

Amount Paid: _____

Permit Expires: Date: ____/____/____ Time: _____ AM/PM