

CADIZ POLICE DEPARTMENT

Application for Soliciting Permit

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

Date of Application: ____ / ____ / ____

Company Name: _____

Address: _____

City: _____ State: _____ Zip _____ Phone _____

Name of Person Soliciting:

Name: _____ SSN# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Cell# _____

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