



DIVISION OF POLICE  
460 Rocky Fork Blvd.  
Gahanna, OH 43230  
614.342.4240

**SOLICITOR'S PERMIT**

**Please Print**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS/CELL # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE # \_\_\_\_\_

ORGANIZATION NAME, ADDRESS, TELEPHONE # \_\_\_\_\_

BRIEF DESCRIPTION OF GOODS, WARES, MERCHANDISE OR SERVICES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? \_\_\_\_\_ IF YES, INDICATE CHARGE(S), PLACE, DATE & PENALTY: \_\_\_\_\_

CORPORATE OFFICE POINT OF CONTACT (Name and Phone Number) \_\_\_\_\_

I, the undersigned, after being first duly cautioned and sworn, depose and say, that the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Approval to Process: \_\_\_\_\_