



CITY OF FORT WRIGHT

SOLICITORS LICENSE APPLICATION

Ordinance 522-96

Any person who is an itinerant merchant, peddler, or solicitor wishing to engage in such activity, within the corporate limits of the city shall first obtain a permit from the city. No permit issued under the terms and conditions of this chapter shall be transferable. Permits issued under this chapter shall be valid for the time period specified thereon. Under no circumstances shall the permit be valid after December 31 of the year of its issuance. Re-application shall be required upon expiration of said permit if the applicant wishes to continue such activity.

Solicitation within the City shall be permitted from 9:00 a.m. to 9:00 p.m. Daylight Savings Time and from 9:00 a.m. to 7:00 p.m. when there is not Daylight Savings Time

Any person acting as an itinerant merchant, peddler, or solicitor shall, upon approval of their application, be required to obtain an occupational license from the Kenton County Occupational License office and pay a fee of \$25 per day, per employee, or \$150 per year, per employee.

Any permit issued to an itinerant merchant under this chapter shall be conspicuously in or at the place named therein. In the event more than one location within the city is used to conduct business, separate licenses must be obtained for each location.

The Chief of Police shall issue a permit to each peddler or solicitor licensed containing the expiration date of the license, and the number of the license. The permit shall be maintained on the licensee during such time as the individual is engaged in the business activity so licensed.

APPLICANT NAME: _____
ADDRESS: _____
HOME PHONE NUMBER: _____ OFFICE PHONE NUMBER: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, Please list the crime and penalty assessed for the crime. _____

SUPERVISOR/MANAGER NAME: _____
LOCAL ADDRESS: _____
LOCAL PHONE NUMBER: _____ OFFICE PHONE NUMBER: _____
PERMANENT ADDRESS: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, Please list the crime and penalty assessed for the crime. _____

OWNER/CORPORATION NAME: _____
LOCAL ADDRESS: _____
LOCAL PHONE NUMBER: _____ OFFICE PHONE NUMBER: _____
PERMANENT ADDRESS: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, Please list the crime and penalty assessed for the crime. _____

Time period applicant's business will occur in Fort Wright:

From: _____ TO: _____

Number of Employees: _____

Nature of goods or services to be offered for sale or delivery: _____

Type of advertising, if any, that will be utilized during the course of your business in Fort Wright:

Please provide a description of any vehicle(s) proposed to be used during the course of your business, including make, model year color and driver's license:

BY SIGNING THIS APPLICATION FOR A SOLICITORS LICENSE, THE CHIEF OF POLICE, OR HIS DESIGNATE, IS HEREBY AUTHORIZED TO CONDUCT A BACKGROUND INVESTIGATION OF ALL INDIVIDUALS, PARTNERSHIPS. OR CORPORATIONS LISTED HEREON. I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THIS APPLICATION AND ORDINANCE GOVERNING THIS PROCESS. I AFFIRM THAT ALL INFORMATION CONTAINED HEREON IS TRUE AND ACCURATE AND I UNDERSTAND THAT ANY FALSE STATEMENT IS GROUNDS FOR DENIAL.

Authorized Business Official Signature _____

Title: _____ Date: _____

Applicants Signature: _____ Date: _____

OFFICIAL USE ONLY

Finger prints ☐ Photograph ☐ Kenton County Occupational License ☐

Investigation Conducted by: _____

APPROVED DENIED LICENSE NUMBER ISSUED: _____

Signed: _____

Chief of Police

FEES:

Number of employees

X

Number of days

\$25.00

=

Total Solicitation Fee

Number of employees

X

\$150.00
Per Year

=

Total Solicitation Fee

Amount Paid: _____ Date Paid: _____ Check Number: _____