

**CITY OF YOUNGSTOWN
FINANCE DEPARTMENT**

26 S. PHELPS ST.; 3RD FLOOR
YOUNGSTOWN, OHIO 44503

LICENSE APPLICATION

LICENSE # _____

DATE _____

EXPIRATION DATE _____

LICENSE TYPE: **DOOR TO DOOR SOLICITATION / PEDDLING**

APPLICANT NAME: _____ AGE _____

SOCIAL SECURITY NO: _____ - _____ - _____ TELEPHONE NO. (_____) _____

IDENTIFICATION (ATTACH PHOTO COPY) _____

LOCATION (ADDRESS) _____

DOING BUSINESS AS (NAME OF COMPANY) _____

ADDRESS _____ CITY/STATE _____

ZIP CODE _____ TELEPHONE NUMBER (_____) _____

PARTNERSHIP (NAME): _____ SSN# _____ - _____ - _____

NUMBER OF EMPLOYEES _____

APPLICANT SIGNATURE _____ DATE _____

RECORD CHECK – POLICE DEPARTMENT (FOURTH FLOOR, RECORDS ROOM)

RECORD _____

SIGNATURE RECORD ROOM _____ DATE _____

OFFICIAL CREDENTIALS “BADGE” MUST BE CONSPICUOUSLY DISPLAYED PURSUANT TO CHAPTER 762 OF THE CITY OF YOUNGSTOWN CODIFIED ORDINANCES.