

CITY OF YOUNGSTOWN
FINANCE DEPARTMENT

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

LICENSE APPLICATION

LICENSE # _____

DATE _____

EXPIRATION DATE _____

LICENSE TYPE: **ITINERANT RETAILER**

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 _____

() ON AND UPON THE STREETS

() ON AND UPON THE SIDEWALKS

() PARKED ON STREET SELLING FROM VEHICLE

() OTHER _____

PROVIDE ADDRESS OR DESCRIPTION

APPLICANT SIGNATURE _____ DATE _____

ZONING APPROVAL: OFFICE OF COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT

APPROVED _____ NOT APPROVED _____

SIGNATURE _____ DATE _____

THIS LICENSE IS NOT VALID UNLESS LICENSEE ACQUIRES PHOTO ID BADGE FROM THE YOUNGSTOWN POLICE DEPARTMENT. BADGE MUST BE CONSPICUOUSLY DISPLAYED PURSUANT TO CHAPTER 761 OF THE CITY OF YOUNGSTOWN CODIFIED ORDINANCES.