



1791 Harshman Road
Riverside, OH 45424

**LICENSE APPLICATION FOR
PEDDLERS, VENDORS AND SOLICITORS**

HOURS OF SOLICITATION PERMITTED: 9:00 A.M. TO 5:00 P.M.

Official use only
License No:
Date:

Applicant Information: (please print)

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone No: _____ Name of Organization: _____

Address of Organization: _____

City _____ State _____ Zip _____

Phone No: _____ Federal ID#: _____

Nature of goods/services soliciting/canvassing: _____

Have you ever been convicted of any crime, other than a traffic ticket? YES NO

If yes, please provide details: _____

(Failure to provide accurate information will result in automatic denial of permit)

Vehicle Description:

Year _____ Color _____ Make _____ Model _____

License No. _____ State _____

I have read and understand Chapter 711 of the Riverside Codified Ordinances. I understand and accept responsibility for proper vending, soliciting, peddling & requesting contributions in the City of Riverside.

Applicant's Signature: _____ Date: _____
(permit is non-transferable)

This License is: Approved _____ Denied _____
(Attach written reason)

Signed: _____ Date _____
Chief of Police License void 10 days from this date

Note: Applicant must provide photo identification with completed application
License holders must carry approved license, photo ID and current copy of the "Do Not Solicit" list with them during times of solicitation and be prepared to exhibit if requested by any City of Riverside Official. Current copies of the "Do Not Solicit" list can be downloaded from the City website (www.riverside.oh.us) or from City Hall during regular business hours.

COMPLETED CRIMINAL HISTORY CHECK

I am requesting a records check be conducted on me for the following reason:

License Application for Peddlers, Vendors and Solicitors. I understand that this is a complete criminal history check by the Riverside Police Department and includes incidents which have occurred within the City of Riverside, State of Ohio and United States of America.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I hereby authorized the Riverside Police Department to release any arrest(s) it may have in its records or may obtain from others sources under my own name and date of birth, and I hereby release and forever discharge the City of Riverside and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss, or injury which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.

PLEASE PRINT

Name: _____
(Last) (First) (Middle) (Maiden/Alias)

Address: _____
(Address, City, State, Zip)

Date of Birth: _____ / _____ / _____

Drivers License Number: _____

Social Security Number: _____

Signature: _____

<i>For Office Use Only</i>	
Riverside Local	_____
Justice Web	_____
DIBRS	_____
LEADS	_____
Red Hawk	_____