## DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION



## ITINERANT VENDORS INFORMATION SHEET

#### REQUIREMENTS

- Itinerant Vendors Application
- Proof of Identity (i.e. State issued Driver's License/I.D. Card, Military I.D., Passport)
- State of Ohio Vendor's License (Required only if selling taxable items, i.e. soda, shirts, drinks containing less than 50% vegetable or fruit juice by volume)
- Letter of Good Standing from City of Columbus Tax Division
- Proof of executing a Bond of \$1,000 to the City of Columbus
- BCI Background Check/Fingerprint
   (If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)

#### **PRICING**

- Application fee \$20.00
- BCI Background Check fee \$32.00
- Itinerant Vendors License fee \$120.00 per day

### **OFFICE HOURS**

4252 Groves Road Columbus, OH 43232

Monday - Friday 8:00 a.m. to 3:30 p.m.



# OFFICE USE ONLY License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

## DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION

# THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR DEPARTMENT OF PUBLIC SAFETY

## ITINERANT VENDORS APPLICATION

### NEW RENEWAL

| APPLICANT INFORMATION  |        |                    |                |         |        |                          |       |  |        |       |  |
|--|--------|--------------------|----------------|---------|--------|--------------------------|-------|--|--------|-------|--|
| Full Name:   |        |                    |                |         |        |                          |       |  |        |       |  |
| Residential Address:   |        |                    |                |         |        |                          |       |  |        |       |  |
| City:  |        |                    |                |         | State: |                          | Zip:  |  |        |       |  |
| Phone:   |        | Email:             |                |         |        |                          |       |  |        |       |  |
| Date of Birth: Driv  |        | Drive              | ver License #: |         |        |                          |       |  | State: |       |  |
| Race:  | Sex:   |                    | Height:        | Weight: |        |                          | Hair: |  |        | Eyes: |  |
| Have you have a City of Columbus license and/or permit revoked, suspended, or refused within the last three (3) years?  Yes No |        |                    |                |         |        |                          |       |  |        |       |  |
| If yes, please explain:  |        |                    |                |         |        |                          |       |  |        |       |  |
|  |        |                    |                |         |        |                          |       |  |        |       |  |
| Have you ever been convicted of a felony? Yes No   |        |                    |                |         |        |                          |       |  |        |       |  |
| Is yes, list all felony convictions which occurred in the United States over the past ten (10) years:                          |        |                    |                |         |        |                          |       |  |        |       |  |
|  |        |                    |                |         |        |                          |       |  |        |       |  |
| Are you on felony pr   | Yes No | If yes, date begar |                |         | an:    | ın:                      |       |  |        |       |  |
| Are you required to register as a sexual offender? Yes N   |        |                    |                |         | li     | If yes, date registered: |       |  |        |       |  |
| BUSINESS INFORMATION   |        |                    |                |         |        |                          |       |  |        |       |  |
| Type of Business: Single Owner Partnership Incorporated Other:   |        |                    |                |         |        |                          |       |  |        |       |  |
| Business Name:   |        |                    |                |         |        |                          |       |  |        |       |  |
| Business Address:  |        |                    |                |         |        |                          |       |  |        |       |  |
| City:  |        |                    |                | State:  |        |                          | Zip:  |  |        |       |  |
| Business Phone:  |        |                    |                |         |        |                          |       |  |        |       |  |

| SALE INFORMATION  |                         |  |  |  |  |  |  |
|---|-------------------------|--|--|--|--|--|--|
| Date(s) of Sale:  | Location of Sale:       |  |  |  |  |  |  |
| Item(s) to be sold:   |                         |  |  |  |  |  |  |
|   |                         |  |  |  |  |  |  |
|   |                         |  |  |  |  |  |  |
| Per regulations set in Columbus City Code 501.05(E), the License Section has the power to make rules regarding the "qualifications of the applicants and the conditions precedent the applicants must meet prior to the acquisition of licenses." Following this direction, all applicants must be able to read, speak, and comprehend the English language in order to obtain a valid license. By initialing on the line below, you agree that you are able to fulfill this requirement. |                         |  |  |  |  |  |  |
|   | _ Initials              |  |  |  |  |  |  |
| All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).   |                         |  |  |  |  |  |  |
| State of Ohio, County of Franklin   |                         |  |  |  |  |  |  |
| I,, being duly sworn, affirm and swear that I am the individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner/operator/applicant of that which is to be licensed by this application.                   |                         |  |  |  |  |  |  |
|   | (Applicant's Signature) |  |  |  |  |  |  |
| Sworn to before me and subscribed in my presence  | e this, 20              |  |  |  |  |  |  |
| Notary or Agent of Dir  | rector of Public Safety |  |  |  |  |  |  |
| The application must be signed, dated and notarized.  |                         |  |  |  |  |  |  |