THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Commercial Sales Promoter Information Sheet

Phone: 614-645-8366
Email: commsales@columbus.gov

Requirements:

- Commercial Sales Promoter Application
- Proof of Identity (e.g. State-issued Driver License/ID card, military ID, passport)
- State of Ohio Transient Vendor's License (tax.ohio.gov/business/sales-and-use-tax)
  *Only required if selling taxable items (e.g. shirts, tangible goods, soda, drinks containing <50% veg/fruit juice by volume)
- Letter on business letterhead authorizing act of licensing matters
  *Only required if applying on behalf of any corporation, partnership, organization, or business
- BCI Background Check
  *If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section

Fees:

Application	$20.00	Commercial Sales Promoter license	$300.00
BCI Background Check	$32.00		

Office Location and Hours:

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

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Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Commercial Sales Promoter Application

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: commsales@columbus.gov

□ New □ Renewal

Applicant Information:

Name: _____ Title: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Date of Birth: _____ Driver License #: _____ State: _____

Phone #: _____ Email: _____

Have you **ever** been convicted of a felony? □ Yes □ No

List any theft or felony convictions in Ohio within the past seven (7) years (if none, write "none"): _____

_____

Are you on felony probation or parole? □ Yes □ No If yes, date began: _____

Have you **ever** been required to register as a sex offender? □ Yes □ No If yes, date registered: _____

Have you or your company had a City of Columbus license/permit refused, suspended, or revoked in the past three (3) years? □ Yes □ No

Business Information:

Business Name: _____ Federal ID #: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Business Phone #: _____ Business Email: _____

Business Name (DBA) (if different from above): _____

Name of Manager: _____ Title: _____

Describe items to be sold: _____

Will taxable items be sold? □ Yes* □ No *If yes, a State of Ohio Transient Vendor license is required.

Describe where and how items will be sold: _____

Employee Information:

List all individuals who will engage in peddling, soliciting, or canvassing:

1. Name: _____ State of Residence: _____ Date of Birth: _____
2. Name: _____ State of Residence: _____ Date of Birth: _____
3. Name: _____ State of Residence: _____ Date of Birth: _____
4. Name: _____ State of Residence: _____ Date of Birth: _____
5. Name: _____ State of Residence: _____ Date of Birth: _____
6. Name: _____ State of Residence: _____ Date of Birth: _____
7. Name: _____ State of Residence: _____ Date of Birth: _____
8. Name: _____ State of Residence: _____ Date of Birth: _____
9. Name: _____ State of Residence: _____ Date of Birth: _____

Do you agree to conform to and abide by all statutes contained within Chapter 523 (governing Commercial Sales)? □ Yes □ No

Do you understand that a violation of Chapter 523 (governing Commercial Sales) may cause suspension of all licenses issued thereunder? □ Yes □ No

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Certain information 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 or future revocation of this permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. □

If you or a member of your immediate family is a designated public service worker employed in a position as listed under ORC 149.43 (A)(7), please provide a form of proof, along with the name and primary residence of said person: _____

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
Print Applicant Name

Individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

_____
Applicant Signature

Sworn to before me and subscribed in my presence, this _____ day of _____, _____

_____
Notary or Agent of Director of Building and Zoning Services