

COMMERCIAL SALES INFORMATION SHEET

REQUIREMENTS

- Commercial Sales Application (Attached)
- Proof of Presence and Proof of Identity
(See attached sheet for approved documents)
- State of Ohio Vendor's License (If applicable)
- Letter of Good Standing from City of Columbus Tax Division
(Not required for W-2 employees)
- BCI Background Check/Fingerprints
(Will be conducted at the License Section)

FEES

- Application fee - \$10.00
- BCI Background Check - \$32.00
- Identification Card fee - \$5.00
- Commercial Sales Tri-Annual License Fee - \$75.00
(January - April) (May - August) (September - December)
- Commercial Sales Annual License fee - \$150.00
(Year to date)
- Commercial Sales Promotor License fee - \$300.00

OFFICE HOURS

Monday

9:00 a.m. to 3:30 p.m.

Tuesday - Friday

8:00 a.m. to 3:30 p.m.

**ALL applicants are required to provide both Proof of Lawful Presence in the United States and Proof of Identity.
The following are examples of valid documents:**

Proof of Lawful Presence	Proof of Identity
<ul style="list-style-type: none">• U.S Passport or Passport Card• U.S. Birth Certificate• Consular Report of Birth Abroad• Certificate of Naturalization• Employment Authorization Card• Permanent Resident Card	<ul style="list-style-type: none">• Ohio Driver's License• State issued I.D.• U.S. Military I.D.

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONTHE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYORDEPARTMENT OF
PUBLIC SAFETY**COMMERCIAL SALES/
COMMERCIAL SALES PROMOTER
APPLICATION****NEW RENEWAL****COMMERCIAL SALES COMMERCIAL SALES PROMOTER**
ANNUAL TRI-ANNUAL**APPLICANT INFORMATION**

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

Are you legally authorized to work in the United States? Yes No

All applicants will be required to prove Lawful Presence in the United States and provide Proof of Identity.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 that occurred within the past seven (7) years:

Are you on felony probation or parole? Yes No

If yes, date began:

Are you required to register as a sexual offender? Yes No

If yes, date registered:

BUSINESS INFORMATION

Business Name:

Business Address:

City:

State:

Zip:

Business Phone:	Business Email:
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Are you a Form W-2 employee with this company? Yes No

Describe items to be sold:

Where will those items be sold?

How will those items be sold?

OSU Merchandise Approval: Yes No N/A

COMMERCIAL SALES PROMOTERS ONLY
List all Commercial Sales applicants that will engage in peddling, soliciting, or canvassing.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

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 THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says he or she is the
(Print Applicant's Name)

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

(Applicant's Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary or Agent of Director of Public Safety
Must be SIGNED, DATED, and NOTARIZED.