

ITINERANT VENDOR INFORMATION SHEET

REQUIREMENTS

- Itinerant Vendor Application (Attached)
- State of Ohio Vendor's License (If applicable)
- 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
Conducted at an authorized WebCheck agency. Results must be mailed directly to the License Section.

All applications must be submitted in person at:

License Section
4252 Groves Rd
Columbus, OH 43232

FEES

- Application fee - \$20.00
- Itinerant Vendor License Fee - \$120.00 per day

OFFICE HOURS

Monday
9:00 a.m. to 3:30 p.m.
Tuesday - Friday
8:00 a.m. to 3:30 p.m.

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONDEPARTMENT OF
PUBLIC SAFETY
**ITINERANT VENDOR
APPLICATION**
NEW RENEWAL
APPLICANT INFORMATION

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

All applicants will be required to 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 which occurred in the United States over the past ten (10) 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

Type of Business:

Single Owner

Partnership

Incorporated

Other: _____

Business Name:

Business Address:

City:

State:

Zip:

Business Phone:	Business Email:
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 <u>MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE</u> 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 <small>(Print Applicant's Name)</small>	
individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.	
<div style="text-align: right;"> _____ <small>(Applicant's Signature)</small> </div>	
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.	