O

OFFICE USE ONLY
LICENSE # _____
ISSUE DATE_____
EXPIRES _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

COMMERCIAL SALES/ COMMERCIAL PROMOTER APPLICATION

Check all that apply

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF PUBLIC SAFETY

☐ **COMMERCIAL SALES PROMOTER** ☐ **COMMERCIAL SALES**
☐ **NEW** ☐ **RENEWAL**

APPLICANT INFORMATION

Full Name:		**State of Ohio Vendor's License:**
Self Employed: **YES** **NO**		**Employer:**
Date of birth:	**SSN:**	**Federal ID:**
Current address:		
City:	State:	Zip Code:
Phone Number:	Cell Phone:	
Email:		
Ohio Driver's License Number:		Expiration Date:

Sex: **M** **F** Race: Height: Weight: Hair: Eyes:

Are you a U.S. citizen?	**YES** **NO**	Place of Birth:
Are you a legal alien?	**YES** **NO**	Alien Registration #

If born outside of the U.S., proof of citizenship or alien registration card must be submitted.

Have you had 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**

List all felony convictions in the United States over 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 sexual offender? **YES** **NO**	If **yes**, date began:

Business Name:

Business Address:

Business Phone Number:

Describe Items To Be Sold:

Where Will Items Be Sold?

How Will Items Be Sold?

OSU Merchandise Approval: **YES** **NO** **(Circle One)**

Commercial Promoters Only

List All Commercial Sales Applicants That Will Engage In Peddling, Soliciting or Canvassing

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 OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3), (A-5), COLUMBUS CITY CODE 501 AND 523.

State of Ohio, County of Franklin

_____ **, Being duly sworn, deposes and says**
(Print Applicant Name)

he/she is the individual making the foregoing application; that he/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/her own knowledge and belief.

_____
(Applicant Signature)

DO NOT DATE

Swore 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

City of Columbus, Ohio
Office of the City Auditor
Income Tax Division

Original Submission ☐

Renewal Submission ☐

AFFIDAVIT
For License Application

State of Ohio)
County of Franklin) ss:

Nature of License Requested: _____
See the listing below

_____, being first duly sworn, deposes and says that I, and/or the business for which I am requesting a license, have no outstanding filing of tax returns and/or a tax due obligation with the City of Columbus, Division of Income Tax.

I, the undersigned, authorize the Columbus Income Tax Division to share relevant information with the Columbus License Section as to whether or not I am, or the referenced business is, in good standing with all City tax obligations.

_____
Print Legal Name of Individual or Business for which the license is being requested

Check one:

☐ I have an existing tax account with the City of Columbus

☐ I have had no need for a city tax account before this date.

_____
Mailing Address for Tax Returns or Correspondence

_____
Social Security Number or Federal Employer Identification Number

_____
City/State/Zip

_____
Affiant (Applicant's) Signature

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 201_____.

_____
Notary Public

_____
My Commission Expires

Do not complete this Affidavit if you have an outstanding tax obligation with the Columbus Division of Income Tax or are uncertain about prior obligations. Incomplete, false or illegible information may result in the denial or revocation of your license. If you have any questions regarding prior tax obligations or you do not understand local taxes, please contact the Columbus Income Tax Division at (614) 645-7370, Monday through Friday 8:00 a.m. through 5:00 p.m.

This notarized form is to be submitted to:
Dept. of Public Safety
License Section
750 Piedmont Ave.
Columbus, Ohio 43215

Do not submit any Federal, State or City tax forms to the License Section. This Affidavit will be forwarded to the Columbus Division of Income Tax to determine your eligibility for a license or renewal.

Types of Licenses:

- Alarms
- Arcade
- Carnival
- Charitable Solicitations
- Closing Out Sale
- Closing Out Sale Extension
- Commercial
- Commercial Sales License
- Commercial Sales Promoter
- Distressed Merchandise Sale
- Distressed Merchandise Ext.
- Horse Carriage Company
- Horse Carriage Driver
- Itinerate Vendor
- Livery Chauffeur
- Livery's Owner License
- Massage Establishment
- Masseuse/Masseur
- Mobile Food Vendor
- Pedicab Driver
- Pedicab Owner
- Peer to Peer Company
- Peer to Peer Driver
- Pool Billiard
- Professional Fundraising
- Scrap Metal Facility
- Taxi Driver
- Taxi Owner