

**OFFICE USE ONLY**

License # / Code \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Date of current photo \_\_\_\_\_



**CITY OF COLUMBUS  
DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION  
COMMERCIAL SALES LICENSE**

**APPLICANT INFORMATION**

**SS#/FID#:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_

**FULL NAME** \_\_\_\_\_

(LAST) (FIRST) (MIDDLE)

**RESIDENCE ADDRESS** \_\_\_\_\_

(NUMBER) (STREET NAME) (APT.#) (TELEPHONE)

(CITY) (STATE) (ZIP CODE)

**LOCAL ADDRESS** \_\_\_\_\_

(NUMBER) (STREET NAME) (APT. #) (TELEPHONE)

**DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **RACE:** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**SEX:** \_\_\_\_ **HEIGHT:** \_\_\_\_ **FT.** \_\_\_\_ **IN.** **WEIGHT** \_\_\_\_ **LBS.** **HAIR COLOR:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_

**ARE YOU A CITIZEN OF THE UNITED STATES ?** \_\_\_\_\_  
**OR A LEGAL ALIEN ?** \_\_\_\_\_ **YOUR ALIEN REGISTRATION NUMBER #** \_\_\_\_\_

( IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, PROOF OF CITIZENSHIP OR ALIEN REGISTRATION CARDS MUST BE SUBMITTED).

**LIST ALL ARRESTS AND CONVICTIONS, ANYWHERE IN THE UNITED STATES, WITHIN THE PAST TEN (7) YEARS: IF NONE; WRITE NONE**

**ARE YOU ON FELONY PROBATION OR PAROLE?** \_\_\_\_\_ **DATE BEGAN:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**HAVE YOU OR YOUR COMPANY HAD A CITY OF COLUMBUS LICENSE REVOKED, SUSPENDED, OR REFUSED WITHIN THE LAST THREE (3) YEARS?** \_\_\_\_\_

**BUSINESS INFORMATION**

**BUSINESS NAME** \_\_\_\_\_  
**BUSINESS ADDRESS** \_\_\_\_\_

(NUMBER) (STREET NAME) (APT. #) (CITY, STATE, ZIP)

**TELEPHONE** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **STATE OF OHIO VENDOR LICENSE NUMBER:** \_\_\_\_\_

**PROMOTER'S NAME (IF DIFFERENT FROM ABOVE):** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

(NUMBER) (STREET NAME) (APT. #) (CITY, STATE, ZIP)

**LIST THE NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER; HOME ADDRESS AND TITLE OF ALL PERSONS WHO HAVE A DIRECT INTEREST IN THE BUSINESS (INCLUDE PARTNERS, STOCKHOLDERS, LIEN HOLDERS, AND CORPORATE OFFICERS):**

**1.** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **HOME ADDRESS (INCLUDING ZIP CODE)** \_\_\_\_\_

**2.** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **HOME ADDRESS (INCLUDING ZIP CODE)** \_\_\_\_\_

**3.** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **HOME ADDRESS (INCLUDING ZIP CODE)** \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

**REVERSE SIDE MUST BE SIGNED, DATED AND NOTARIZED**

**DESCRIBE TYPES OF PRODUCTS TO BE SOLD:** \_\_\_\_\_

**HOW WILL PRODUCTS BE SOLD? (DOOR-TO-DOOR, FROM PUSHCART, FROM TABLE, TRUCK, MOBILE UNIT, CONCESSION TRAILER, ETC.)**

**WHERE WILL PRODUCTS BE SOLD? LOCATION, SPECIAL EVENT. GIVE SPECIFIC LOCATION AND/OR NAME OF EVENT):** \_\_\_\_\_

**TENT PERMIT NUMBER (IF APPLICABLE)** \_\_\_\_\_

**PROOF OF OSU APPROVAL (ATTACH COPY) \_\_\_\_\_ HEALTH APPROVAL \_\_\_\_\_ FIRE APPROVAL \_\_\_\_\_**

**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 CODES.**

**STATE OF OHIO, COUNTY OF FRANKLIN:**

( *APPLICANT PRINT NAME* ) \_\_\_\_\_, **BEING DULY SWORN, DEPOSES AND SAYS HE OR SHE IS THE INDIVIDUAL MAKING THE FOREGOING APPLICATIONS; 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)**

**DO NOT DATE**

**SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**(NOTARY OR AGENT OF DIRECTOR OF PUBLIC SAFETY)**

Revised 8-8-2012

**APPLICATION FEE \$10.00**