

# CITY OF MT. HEALTHY

FOR PROFIT PEDDLING, SOLICITING & TEMPORARY MERCHANT

90 DAY PERMIT APPLICATION *(updated 7-31-19)*

(check one)  Peddling/Soliciting  Temporary Merchant

Date of application: \_\_\_\_\_ Fee \$25.00 *non-refundable*: Paid: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

County or State license now held by applicant:

Type: \_\_\_\_\_

Remarks: \_\_\_\_\_

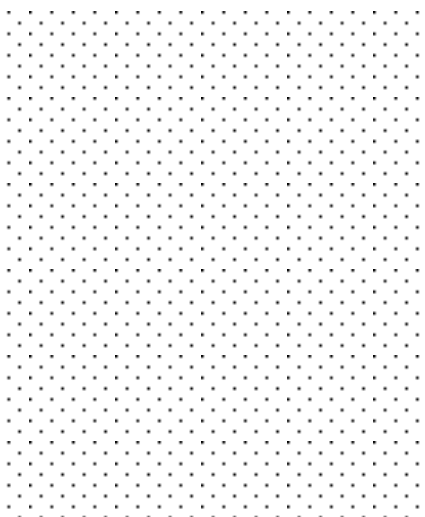
U. S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (if no, give legal domicile in homeland)

\_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Color of hair: \_\_\_\_\_ Color of eyes: \_\_\_\_\_

Attach a recent photograph:



**NOTE:**

**\*\* All applicants must consent to a criminal background check. Consent: Yes \_\_\_ No \_\_\_**

Signature: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous criminal record: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Employer (Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of goods, wares, merchandise or services you wish to sell, peddle or solicit – or – the purpose and pertinent details of the proposed solicitation you wish to make: \_\_\_\_\_

\_\_\_\_\_

Will you offer free gifts of literature to entice any donations of any kind: \_\_\_ Yes \_\_\_ No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

Type of vehicle to be used: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Registration #: \_\_\_\_\_

Number of workers engaged in operation: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

**Note: Each worker must file an application and obtain a separate permit. Permits are NOT TRANSFERABLE TO ANOTHER PERSON. Permits MUST be carried at all times, and you shall exhibit such permit upon request to all Police Officers, City Officials, and citizens.**

*The following is for*

**TEMPORARY MERCHANT ONLY**

Describe type of temporary business: \_\_\_\_\_

**Applicants who will be handling foodstuffs require a Hamilton County Health Department inspection.**

Check if proof of Hamilton County Healthy Dept. inspection shown. *(Required, Attach copy)*

**As stated in Mt. Healthy City Ordinance §115.03 (D)** Applicants who propose to handle foodstuffs shall also attach to their application, in addition to any attachment required under division (C), a statement from a licensed physician, dated not more than 14 days prior to the date of application, certifying the applicant to be free of contagious or communicable disease.

Check if statement shown. *(Required, Attach copy of physician's statement)*

Temporary Merchants are required to have permission from the property owner where they intend to conduct their business.

Property Owner Permission  Check if verified (Required)

Property Location: \_\_\_\_\_

Owners Name: (print) \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

No person licensed as a peddler or solicitor under this ordinance shall engage in peddling or soliciting within the City of Mt. Healthy at any time before nine o'clock (9:00) A.M. or after nine o'clock (9:00) P.M.

**BRING THIS PRE-PAID, COMPLETED FORM AND YOUR CRIMINAL BACKGROUND CHECK TO THE MT. HEALTHY POLICE DEPARTMENT FOR REVIEW**

**PEDDLER/SOLICITOR/TEMPORARY MERCHANT**

Approved: \_\_\_ Denied: \_\_\_ Expires: \_\_\_\_\_ (90 days)

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
Officer Date

**TEMPORARY MERCHANT / ZONING REVIEW**

Approved: \_\_\_ Denied: \_\_\_

\_\_\_\_\_  
Zoning Official Date

**City of Mt. Healthy**  
7700 Perry St. Mt. Healthy, Ohio 45231  
513-728-3183 fax 513-728-3189  
mthealthy.org

*\*\*Background checks are to be obtained from the Hamilton County Justice Center south building located at 1000 Sycamore St., Room 100, Cincinnati, OH 45202. The Office is open Monday through Friday from 7:00 A.M. to 3:00 P.M.*