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Mayor

DEPARTMENT OF FINANCE  
TREASURY DIVISION

SUITE #200  
161 S. HIGH STREET  
AKRON, OHIO 44308  
FAX (330) 375-2221

GLEN A. STALCUP, JR.  
ASSESSOR/ALARM  
ADMINISTRATOR  
(330) 375-2484

## DOOR-TO-DOOR PEDDLER REGISTRATION FACT SHEET

CITY OF AKRON ORDINANCE #421-2007 PASSED 7-30-07

**Registration Costs:** \$35.00 per license

**Registration Expiration Date:** 6 months from the date of issuance or end of calendar year whichever is later.

**Registration requirements:**

- a. background check
- b. proof of employment (letter from business on letterhead or self employed statement)
- c. completed application
- d. valid drivers' license or ID issued by the State of Ohio or any other state

**Penalty for non-compliance:** Violation of provision 111.361 shall be guilty of a misdemeanor of the fourth degree and whoever violates any other provision of 111.360 through 111.367 of this chapter shall be guilty of a misdemeanor of the third degree for a first offense and a misdemeanor of the first degree for a subsequent offense.

**Appeal Rights:** Applicant has the right to appeal regarding revocation or denial of a license within 10 days after issuance of the denial or revocation by filing written notice of appeal with the Mayor.

City of Akron  
Treasury/License Division  
161 S. High St., Suite #200  
Akron, Ohio 44308  
(330) 375-2484

**DOOR-TO-DOOR PEDDLER REGISTRATION APPLICATION**  
**(Please Print)**

BUSINESS NAME \_\_\_\_\_ CITY OF AKRON  
INCOME TAX # \_\_\_\_\_

BUSINESS LOCATION/ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME OF BUSINESS CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

FORM OF OWNERSHIP:  SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION

IF PARTNERSHIP OR CORPORATION IS CHECKED, LIST OFFICERS/PARTNERS:

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NAME	ADDRESS	PHONE	TITLE
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NAME	ADDRESS	PHONE	TITLE
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PLEASE PROVIDE A BRIEF DESCRIPTION OF THE GOODS, WARES, MERCHANDISE OR SERVICES INVOLVED.

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NAME OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

BIRTH DATE OF APPLICANT \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

IF YOU WILL BE USING A MOTOR VEHICLE, PLEASE LIST THE MAKES(S), MODEL(S), YEAR(S), AND CURRENT REGISTRATION NUMBERS(S).

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HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE? IF SO, PLEASE LIST THE DATE, PLACE AND DISPOSITION OF EACH OFFENSE.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Offense:                      Place:                      Date:                      Disposition:

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THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ALSO ACKNOWLEDGES RECEIPT OF THE REGISTRATION ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL OF THE REGISTRATION.

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SIGNATURE OF APPLICANT

DATE

## CRIMINAL HISTORY VERIFICATION ACKNOWLEDGMENT

The undersigned hereby acknowledges that he/she is required by law to provide truthful responses to the City of Akron's request for the undersigned's criminal history. The undersigned further acknowledges that the City of Akron will perform a criminal history background search of the undersigned. Any information discovered in the criminal history background check may be used to bar the undersigned from peddling within the corporate boundaries of the City of Akron, according to applicable laws, rules and regulations. Finally, knowingly providing false information in the application may subject the undersigned to criminal penalties.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License Number and State of Issuance: \_\_\_\_\_

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