

City of Fairfield – Justice Center
(513) 867-6015

Date: _____

NAME: _____
Last _____ First _____ Middle _____

LEGAL ADDRESS: _____ CITY, STATE & ZIP: _____

LOCAL ADDRESS: _____ CITY, STATE & ZIP: _____
(If different from above) Number Street

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ RACE: _____ SEX: MALE _____ FEMALE: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

DRIVER LICENSE NO.: _____ STATE: _____ CAR LICENSE NO.: _____ STATE: _____

CAR MAKE: _____ COLOR: _____
Year _____ Model _____

FIRM REPRESENTING: _____

FIRM'S ADDRESS: _____

DOOR TO DOOR SALES REQUESTED: YES _____ NO _____

DESCRIPTION OF MATERIAL TO BE SOLD: _____

LENGTH OF TIME MATERIAL TO BE SOLD: _____

LOCAL ORDINANCES PROHIBIT THE FOLLOWING:

- SETTING UP BUSINESS AT A FIXED LOCATION

- ESTABLISHING A STATIONARY LOCATION IN A PUBLIC RIGHT-OF-WAY WITHIN THE CITY OF FAIRFIELD OR;
- OPERATING IN ANY CONGESTED AREA

LICENSE MUST BE PRODUCED ON REQUEST OF ANY RESIDENT OR POLICE OFFICER. PEDDLING, SOLICITING OR CANVASSING DONE UNDER LICENSE WILL BE RESTRICTED TO 9:00 AM - 7:00 PM ON MONDAYS THROUGH SATURDAYS.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION TO THE FAIRFIELD POLICE DEPARTMENT.

Signature of Applicant

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public

(For Office Use Only)

Police Department Endorsement (Check One): Approved _____ Disapproved _____