



## City of Wapakoneta Solicitor Permit Form

*Requires \$50 Payment: Permit Expires Dec 31<sup>st</sup> of Current Year*

**Exemptions:** This does not apply to: subscription solicitors as regulated by Chapter 880 of the Codified Ordinances; persons selling agricultural articles or products offered for sale by the producer; to milk and dairy product delivery trucks; to local established service, fraternal, nonprofit civic organizations, or charitable organizations; to activities conducted on the county fairgrounds; to special events or festivals which have specific prior approval of Council; to minors under the age of 18, unless the same are employed by those to whom this definition does apply; to newspapers or general circulation in the City; to political candidates or their representatives; or to public utilities operating in the City.

*If none of the above apply, you must have a permit.*

1. Name of Applicant: \_\_\_\_\_

2. Applicant Home Address: \_\_\_\_\_

3. Applicant phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

4. Nature or character of goods to be sold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Will this be operated by the owner of the business or a third-party operator? (Circle One Below)

Owner -or- Third Party

6. If vehicle involved, Owner Driver's License Number: \_\_\_\_\_

7. If vehicle is involved, and if third party operator, third party driver's license number:

\_\_\_\_\_

8. If vehicle is involved, please list vehicle registration number:

\_\_\_\_\_

9. Examples of other municipalities or locations operating:

\_\_\_\_\_  
\_\_\_\_\_

**Please attach to this form the following:**

- All corporate business licensing information required by the Ohio Revised Code
- All Health and Safety Permits required by the Ohio Revised Code and Auglaize County Health Department to operate
- A certificate of insurance signed by an insurance agent for business liability insurance for the applicant business in the amount of no less than \$300,000 commercial general liability per occurrence and \$600,000 general aggregate. This must contain notice that the holder of the certificate is the City of Wapakoneta, and the City of Wapakoneta must be named as additional insured on any policy provided.
- A certificate of insurance signed by an insurance agent for commercial auto insurance required per Ohio Revised Code for appropriate business type. This must contain notice that the holder of the certificate is the City of Wapakoneta, and the City of Wapakoneta must be named as additional insured on any policy provided.