



Guidelines for Completion of Peddlers – Solicitors – Itinerant Merchants Permit Application
Compliance with Chapter 113 of the Bowling Green Codified Ordinances

Obtain the Application from the City of Bowling Green
Office of Municipal Administrator
Online: www.bgohio.org

Complete the Application and these appurtenances in full, which includes:
(Codified Ordinance 113.04, 113.05, 113.07)

- Application Questionnaire
- Application signature
- Applicant Release Form for Investigation
- Completion of Income Tax Questionnaire – *in person* in City Tax Office
- Photographs (Two--Size 3 x 3)
- Fingerprint BCI & I Letter of Authentication (Bureau of Criminal Identification & Investigation)
- License Fee - \$100.00 Check payable to “City of Bowling Green”
- Deposit Fee - \$50.00 Separate check payable to “City of Bowling Green”

Applications are for an individual person. Each person must have their own permit. Applications are not able to be issued to a company who desires to send more than one representative simultaneously. If approved, an individual may not transfer the permit to a different company representative within the calendar year.

Applicants may obtain a fingerprint authentication letter by appointment only from Wood County Sheriff’s Department (419-354-9006). Ohio Driver License and Cash Only Fee required and payable by applicant.

No license shall be approved or denied until ten (10) days after the permit application and appurtenances are filed. The waiting period is not waivable (Codified Ordinance 113.04{b})

Turn the original application and all appurtenant documents into the Office of the Municipal Administrator.

Applications are not able to be submitted by postal mail or any electronic format due to the requirement for personal appearance with the Income Tax Commissioner.

Peddler, Solicitor, or Canvasser as defined in Chapter 113.01 must comply Chapter 113.07, 113.08, 113.09, and 113.10 when conducting business.

Itinerant Merchant applicants have additional restrictions which must be complied with in accordance with Chapter 113.11 when conducting business.

It is recommended applicants also print and review Chapter 113 and become familiar with the requirements of the laws to potentially assist them as they may prepare to conduct business in Bowling Green.

License # _____

APPLICATION FOR LICENSE
FOR PEDDLERS — SOLICITORS — ITINERANT MERCHANTS
CITY OF BOWLING GREEN, OHIO
(Reference Chapter 113, Codified ordinance of the City of Bowling Green)

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

HOME ADDRESS: _____

NAME AND ADDRESS OF PERSON AND/OR COMPANY BY WHOM APPLICANT IS EMPLOYED: _____

NATURE AND CHARACTER OF GOODS TO BE SOLD OR SERVICES TO BE FURNISHED BY APPLICANT: _____

DOES THE APPLICANT HAVE A FIXED PLACE OF BUSINESS AND HAS HE OR SHE BEEN IN BOWLING GREEN MORE THAN ONE YEAR? YES ___ NO ___

IS THE PRODUCT TO BE SOLD ONE THAT WAS RAISED OR MANUFACTURED BY THE APPLICANT OR HIS AGENT? YES ___ NO ___

DOES THE APPLICANT WORK DIRECTLY FOR THE MANUFACTURER OR PERSON RAISING THE ARTICLES TO BE SOLD? YES ___ NO ___

IS THE PRODUCT BEING SOLD BY SAMPLE ONLY? YES ___ NO ___

IS APPLICANT MAKING DELIVERY ONLY OF GOODS, WARES, OR MERCHANDISE SOLD BY AN ESTABLISHMENT HAVING PERMANENT PLACE OF BUSINESS? YES ___ NO ___

IS THE APPLICANT SELLING BAKED GOODS, FRUITS, VEGETABLES, OR DAIRY PRODUCTS? YES ___ NO ___

IS APPLICANT SOLICITING THE PURCHASE OF GOODS, WARES, MERCHANDISE, OR GIFTS FOR OR ON BEHALF OF ANY RECOGNIZED EDUCATIONAL, CIVIC, RELIGIOUS, OR CHARITABLE ORGANIZATION? YES ___ NO ___

HOW LONG HAS APPLICANT BEEN EMPLOYED BY CURRENT EMPLOYER? _____

LIST ALL THE PLACES OF RESIDENCE OF APPLICANT DURING THE LAST YEAR: _____

LIST ALL EMPLOYMENT OF APPLICANT DURING THE LAST YEAR: _____

LIST ALL OTHER CITIES OR TOWNS IN WHICH APPLICANT CONDUCTED BUSINESS DURING LAST YEAR WHICH REQUIRED A LICENSE: _____

DESCRIPTION OF APPLICANT:

COLOR OF EYES _____

COLOR OF HAIR _____

WEIGHT: _____ POUNDS; AGE _____

HEIGHT: _____' _____"

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

MAKE OF VEHICLE: _____

AUTO LICENSE NUMBER: _____ STATE _____

PHOTOGRAPH OF APPLICANT: Photo furnished by applicant must be approximately 3" x 3" and not more than one year old.

FINGERPRINTS OF APPLICANT: May obtain a fingerprint authentication letter by appointment only from Wood County Sheriff's Department (419-354-9006). Ohio Driver License and Cash Only Fee required by applicant.

INCOME TAX REQUIREMENT: Applicant must register in person in the office of the City Income Tax Commissioner , 304 North Church Street, Bowling Green, Ohio, and furnish all requested information. Upon which time, the applicant may obtain the confirmation by signature in this section.

I hereby confirm that _____ has registered in person and has furnished all necessary information.
(Name of Applicant)

City Income Tax Commissioner Signature Date

LICENSE FEE - \$100.00 Payable to "City of Bowling Green" upon date of application; Non-refundable
Receipt # _____ Date Issued _____

DEPOSIT - \$50.00 Separate Check Payable to "City of Bowling Green" The purpose of this check fulfills Section 113.12 and is refundable at the end of the license period accordingly.

LAW ENFORCEMENT CHECK (Signature is required on the Applicant Release Form for completion of a background check)
Have you been convicted of a felony within the last seven (7) years? YES _____ NO _____
If yes, please explain _____

The applicant must submit the application and all required appurtenances to the office of Municipal Administrator a minimum of ten (10) days in advance of the anticipated date the applicant proposes to conduct business in the corporate limits of Bowling Green, Ohio. The ten day waiting period shall not be waived per Section 113.04 (B).

STATEMENT OF APPLICANT

I hereby certify the foregoing statements are true and correct to the best of my knowledge and belief and that any falsification of facts shall automatically void this application.

Applicant Signature DATE

AUTHORIZATION OF MUNICIPAL ADMINISTRATOR

Upon review of this application and confirmation of the foregoing statements, I hereby _____ approve or _____ deny the applicant as a PEDDLER - SOLICITOR - ITINERANT MERCHANT to conduct business in the City of Bowling Green in accordance with all the requirements of Chapter 113 and/or other requirements of the Bowling Green Codified Ordinances. I hereby authorize the issuance of the required identification card from this office.

Municipal Administrator DATE

License Expires December 31, _____ (Calendar Year in which it was issued)

Date it license was picked up _____
Office Staff person who completed issuance _____

* * * * *

INSPECTION OF PREMISES

I hereby certify that the premises occupied by _____ for the sale of goods or services specified on the foregoing application has been inspected and is in acceptable condition for release of the required deposit.
(Name of Applicant)

Public Works Director DATE

Date Deposit Returned: _____

Amount Deducted for Clean Up _____
Amount of Deposit Returned _____



City of Bowling Green

304 North Church Street
Bowling Green, Ohio 43402

Peddlers - Solicitors - Itinerant Merchants Permit Applicant Police Investigation Release Form (See Codified Ordinance Section 113.04)

I, _____, presently residing at _____
(Print Applicants Full Name) (Street Address)
_____, have applied for a Peddlers, Solicitors, Itinerant Merchants
(City, State, Zip Code)

permit with the City of Bowling Green, Ohio. I have been advised and am fully aware that a representative of the Bowling Green Police Division will be conducting a thorough investigation of my background to assist in determining my suitability for this license. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended; physicians and/or other persons who may have examined or treated me for any physical or other type of illness or injury; police or courts with whom I have an arrest or conviction record; credit bureaus and/or firms who may have information regarding any credit record and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the Bowling Green Police Division has been assigned to ascertain.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the Bowling Green Police Division. I further consent and request that the Chief of the Bowling Green Police Division, or his representative, be provided with a copy of any such record concerning me which they may desire.

I recognize the right of the Bowling Green Police Division to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

WITNESSES:

(Signature)

(Printed Name)

(Signature)

(Printed Name)

Signature of Applicant

DATE

TAX RATE 2.00%

CITY OF BOWLING GREEN, OHIO

INCOME TAX DIVISION
304 NORTH CHURCH STREET
BOWLING GREEN, OH 43402-2399

W

PHONE (419)354-6212

e-mail: bgtax@bgohio.org

FAX (419)354-5122

Web: http://www.bgohio.org Click on Income Tax

Please complete and return this questionnaire promptly so that our records will correctly reflect your tax compliance obligations in this city and so that we can provide proper forms in a timely manner. Thank you.

- 1. Company and Trade Name EID No.
2. Name of Officer (If a Corporation) and Title
3. Name of Owner(s) Soc. Sec
4. Mailing Address (Street/PO Box) Phone (City/State/Zip) FAX
5. B.G. Address/Work Location Phone
6. Accountant Name and Address Phone
7. Starting Date of Bowling Green Activities If temporary, anticipated ending date
8. Type: Individual Proprietor; Partnership; Corporation; Sub-S Corporation; LLC (Sole Proprietor); LLC (Partnership); LLC (Corporation); Non-Profit Corporation; Association

If a partnership, list on the back of this form the names and addresses of all partners.

If "S" Corporation, list on the back of this form the names and address of all shareholders.

- 9. A. Do you have employees working in Bowling Green? Yes(*) No

OR

- B. Are you withholding BG taxes for BG residents who work outside of BG? Yes(*) No

(*)If Yes, what date did you begin BG city tax withholding

- C. Do you need withholding forms? Yes No

If you want us to provide you with your account number to give to a payroll provider, please provide us with your Payroll Provider Email address, fax number #, or telephone number.

- 10. Accounting Period: Calendar Year (Y/N) OR Fiscal Year Ending (mm/dd)

- 11. Nature of business

- 12. Is this local address the Home Office or a Branch

- 13. If no Bowling Green address, do you have net profit/loss attributable to Bowling Green? Yes No

your email address:

If Business Was Outgrowth of Another, Please Complete the Following:

- 14. Name of former owner(s)
15. Trade Name (If Any) ID #
16. Mailing Address
17. Type of Organization: Individual Partnership Corporation S Corporation Association
18. Nature of change: Sale Discontinuance Change in Organization Other

Date Signature Title