

**CITY OF WICKLIFFE**  
**CANVASSING/DOOR-TO-DOOR SOLICITATION**  
**APPLICATION**

<b>PART 1 – TO BE COMPLETED BY THE APPLICANT (please print or type)</b>					
<b>1</b>	Applicant's Name				
<b>2</b>	Home Address			Telephone Number (    )	
<b>3</b>	City	State	Zip Code	County	
<b>4</b>	Birth Date	Age	Place of Birth		Driver's License/State ID No.    State
<b>5</b>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Height	Weight	Hair Color            Eye Color
<b>6</b>	Present Employer			Employed Since	
<b>7</b>	Employment Address			Telephone Number (    )	
<b>8</b>	City	State	Zip Code	County	
<b>9</b>	Immediate Supervisor			Telephone Number (    )	
<b>10</b>	Name of Firm, Corporation or Association For Whom Canvassing Is Being Done			Tax I.D. Number	
<b>11</b>	Address			Telephone Number (    )	
<b>12</b>	City	State	Zip Code	County	
<b>13</b>	Brief Description Of Goods Sold, Services To Be Rendered, Or Funds Solicited.				
<b>14</b>	Model of Vehicle Used	Make	Color	State of Vehicle Registration	Vehicle Registration
<b>15</b>	If applicable, has applicant complied with the requirements of Ohio R.C. Chapter 1716 pertaining to charitable solicitations? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>				
<b>16</b>	City Income Tax Form filled out and filed with the City of Wickliffe Tax Department (copy attached)? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>				

<b>PART 2 – TO BE COMPLETED BY THE APPLICANT (please print or type)</b>			
<b>17</b>	Has applicant ever been convicted of a felony violation(s) or misdemeanor(s)? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<b>18</b>	If answering YES to Line #17, applicant must give the date, location and charge(s):  		
<b>19</b>	Has applicant ever had a permit revoked for canvassing, peddling or solicitation in the City of Wickliffe or any other Municipality? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<b>20</b>	If answering YES to Line #19, applicant must give the date and Municipality:  		
<b>21</b>	<ul style="list-style-type: none"> <li>• All completed applications must be accompanied with two (2) photographs of the applicant of approximate size (2" x 2").</li> <li>• All completed applications must be accompanied with a current webcheck (fingerprint-based civilian background check). Locations for webchecks can be found on the Ohio Attorney General's website: <a href="http://www.ag.state.oh.us">www.ag.state.oh.us</a></li> <li>• Any misrepresentation of identity or intention to make false, misleading, or deceptive statements while providing information required under City Ordinance 739 is grounds for Permit Revocation.</li> <li>• <b>Upon expiration, all permits are to be returned to the Wickliffe Police Department.</b></li> </ul>		
<b>22</b>	Signature of Applicant X	Date:	
<b>PART 3 – TO BE COMPLETED BY THE POLICE DEPARTMENT</b>			
<b>23</b>	Two Photos Received? <input type="checkbox"/> YES <input type="checkbox"/> NO	Current Webcheck Received? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Received:
<b>24</b>	Local Record Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO	Copy of Approved Application to Tax Department? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fee Receipt No:
<b>25</b>	Is Permit Revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is Appeal Filed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Application Investigation Made By: X Date:
<b>26</b>	Permit Application: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	ATTACH PHOTO HERE	
<b>27</b>	Reason for Denial:		
<b>28</b>	Approved By: X		
<b>29</b>	Date:		
<b>30</b>	Date Permit Issued:	Date Permit Expires:	

**CITY OF WICKLIFFE**

**MUNICIPAL INCOME TAX DEPARTMENT... TAX QUESTIONNAIRE**

Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

DBA: \_\_\_\_\_ Fax # \_\_\_\_\_

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

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

(if different from above)

Home Office: \_\_\_\_\_

(if applicable)

Federal ID#: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

**JOB LOCATION:**

Business Organization: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Corporation \_\_\_\_\_ Other \_\_\_\_\_

For Corporations, list full name, address, social security numbers and phone numbers of each Officer:  
(use back of form if more space is needed):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

For Sole Proprietorship, list full name, address, social security number and phone number:

For Partnership Entities, list full names, addresses and social security numbers and phone numbers of Each Partner: (use back of form if more space is needed)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Accounting Period: Calendar Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Month Ending: \_\_\_\_\_

Date Wickliffe Business operations began: \_\_\_\_\_

Company's Accountant: \_\_\_\_\_

**PAYROLL INFORMATION:**

Company Payroll contact: \_\_\_\_\_

Are you a Residence Tax withholder only? \_\_\_\_\_

Date Payroll began in Wickliffe: \_\_\_\_\_

Approximate number of Wickliffe Employees: \_\_\_\_\_

Will City withholding tax exceed \$100 per month? \_\_\_\_\_

Do you presently use an outside payroll service? \_\_\_\_\_

Does your outside payroll service require start up information from Wickliffe? \_\_\_\_\_

Do you lease employees from an employment agency? \_\_\_\_\_

If yes, Please provide name of Agency: \_\_\_\_\_

Full Name, address and phone number of the person(s) or entity to whom your Wickliffe location pays rent: \_\_\_\_\_

Above information is required – Forward completed form to:

City of Wickliffe – Income Tax Department  
P.O. Box 125, Wickliffe, Ohio 44092-0125

Form maybe faxed to: 440-943-7119

Questions can be answered by the Tax Department at 440-943-7180