



# Village of McComb

210 East Main Street ~ P.O. Box 340 ~ McComb, Ohio 45858-0340  
Phone 419-293-3521 ~ Fax 419-293-2436

Permit #: \_\_\_\_\_

## Solicitation Permit Application

(Ordinance No. O-2011- )

Applicant Name: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_

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

Drivers License #: \_\_\_\_\_

Company Manager Name: \_\_\_\_\_

Sales License #: \_\_\_\_\_

What are you selling? (Why are you going door to door?)

Description of vehicle(s) being used:

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

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

License No.: \_\_\_\_\_

\*\*\*If more than one vehicle is being used, please list information of reverse side of this form

Date(s) of Solicitation in the Village: \_\_\_\_\_ to \_\_\_\_\_

Times of Solicitation: \_\_\_\_\_ to \_\_\_\_\_

Signature of Applicant

Date

Administrator