

The Village of
GRAND RAPIDS
Ohio

Guidelines for Completion of Peddlers – Solicitors – Itinerant Merchants Permit Application
Compliance with Chapter 860 of the Grand Rapids Codified Ordinances

Obtain the Application from the Village of Grand Rapids
Office of Municipal Administrator
Online: www.grandrapidsohio.com

Complete the Application and these appurtenances in full, which includes:

- Application Questionnaire
- Application signature
- Applicant Release Form for Investigation
- Completion of Income Tax Questionnaire – *in person* in Village Tax Office
- Photographs - two new 3 x 3 photos for ID card (**face front passport quality only**)
- Fingerprint BCI & I Letter of Authentication (Bureau of Criminal Identification & Investigation)
- BCI to mail directly to Village of Grand Rapids
- License Fee - \$25.00 Check payable to “Village of Grand Rapids”

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. 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.

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 Administrator.

§ 860.04 EXCEPTIONS.

No license shall be required of a peddler or solicitor for the following:

- (a) Any person selling products of his or her own raising or of his or her own manufacture;
- (b) Any person who solicits only the purchase of or subscription for newspapers having their principal sale or distribution in the municipality or in the county;
- (c) Any person who solicits only for the wholesale delivery to merchants, manufacturers or other businesspersons at their office, place of business or factory, the sale of equipment or articles used in the conduct of their professions, businesses or manufacturing establishments; and
- (d) Any person who, without compensation, solicits or peddles on behalf of and for any locally recognized religious, educational, civic or charitable organization.

(Ord. 86-13, passed 7-14-1986)

§ 860.05 CARRYING OR EXHIBITING LICENSE.

The license issued under the provisions of this chapter shall be carried by any peddler or solicitor at all times when peddling or soliciting and shall be displayed to any person being solicited and, upon request, to any police officer.

(Ord. 86-13, passed 7-14-1986)

§ 860.06 HOURS; NOISE.

(a) All peddling and soliciting done under a license issued under the provisions of this chapter shall be done between the hours of 9:00 a.m. and 5:30 p.m. on weekdays and Saturdays only. No peddling or soliciting shall be conducted on Sunday.

(b) No peddler or solicitor shall use any whistle, bell, horn or other mechanical or electrical device for the purpose of advertising his or her goods, wares, merchandise, food or services. No peddler or solicitor shall call out in a loud voice for such advertising purposes.

(Ord. 86-13, passed 7-14-1986)

§ 860.07 NONASSIGNABILITY OF LICENSES.

No license issued under the provisions of this chapter shall be used by any person other than the person to whom the license is issued.

(Ord. 86-13, passed 7-14-1986)

§ 860.08 REVOCATION OF LICENSE.

Any license issued under the provisions of this chapter may be revoked at any time by the Chief of Police if the licensee violates any of the provisions of this chapter or is found guilty of any fraud, misrepresentation or unlawful act in connection with his or her business, or otherwise. A revocation under this section shall not be effective unless and until a hearing has been held thereon before the Chief. The Chief shall give the licensee ten days' notice of such hearing. The licensee shall have the right to appear by himself or herself or with counsel. The decision of the Chief shall be final.

(Ord. 86-13, passed 7-14-1986)

License # _____

APPLICATION FOR LICENSE
FOR PEDDLERS — SOLICITORS — ITINERANT MERCHANTS
VILLAGE OF GRAND RAPIDS, OHIO
(Reference Chapter 860, Codified ordinance of the Village of Grand Rapids)

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 GRAND RAPIDS 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: _____

COLOR 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.

License # _____

INCOME TAX REQUIREMENT: Applicant must register in person in the office of the Village Income Tax Administrator, 17460 Sycamore Road Grand Rapids 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)

Village Income Administrator Signature Date

LICENSE FEE - \$25.00 Payable to "Village of Grand Rapids" upon date of application; Non-refundable
Receipt # _____ **Date Issued** _____

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 Grand Rapids, Ohio.

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 Village of Grand Rapids in accordance with all the requirements of Chapter 860 and/or other requirements of the Grand Rapids 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 _____

Village of Grand Rapids
17460 Sycamore Road
Grand Rapids, OH 43522

**Peddlers - Solicitors - Itinerant Merchants Permit
Applicant Police Investigation Release Form**

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 Village of grand Rapids, Ohio. I have been advised and am fully aware that a representative of the Village of Grand Rapids 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 Village of Grand Rapids 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 Village of Grand Rapids. I further consent and request that the Village of Grand Rapids, or his representative, be provided with a copy of any such record concerning me which they may desire.

I recognize the right of the Village of Grand Rapids 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 1.00%

VILLAGE OF GRAND RAPIDS, OHIO

17460 Sycamore Road
Grand Rapids, Oh 43522

PHONE (419)832-5305

e-mail: information@grandrapidsohio.com
Web: www.grandrapidsohio.com

FAX (419)832-0561

Please complete and return this questionnaire promptly so that our records will correctly reflect your tax compliance obligations in this village 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. G.R. Address/Work Location _____ Phone _____
- 6. Accountant Name and Address _____ Phone _____
- 7. Starting Date of Grand Rapids 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 Grand Rapids? Yes(*) _____ No _____

OR

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

(*)If Yes, what date did you begin GR Village 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 Grand Rapids address, do you have net profit/loss attributable to Grand Rapids? 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 _____