



**SOLICITOR'S OR PEDDLER'S LICENSE**

(NON-TRANSFERABLE)

DATE: \_\_\_\_\_

THIS IS TO CERTIFY THAT \_\_\_\_\_

\_\_\_\_\_, HAS REGISTERED WITH THE

CITY OF TIPP CITY, OHIO FOR THE PURPOSE OF SOLICITING FOR

\_\_\_\_\_  
Company

\_\_\_\_\_  
Type of Sales

**FOR ONE YEAR FOLLOWING THE ABOVE DATE.**

**HOURS OF PERMITTED SOLICITATION ARE 8:00AM TO 8:00 PM.**

**FEE FOR FIRST PERSON \$50.00**

**FEE FOR EACH ADDITIONAL PERSON (\$30.00 ea.) # \_\_\_ X \$30.00=\$ \_\_\_\_\_**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
PRESENT ADDRESS

\_\_\_\_\_  
TELEPHONE #

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE #

**PHOTO I.D. REQUIRED**

RECEIVED \_\_\_\_\_  
Amount Date Signature