

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

VILLAGE OF MORRISTOWN  
BELMONT COUNTY, OHIO

APPLICATION FOR CANVASSING OR SOLICITING PERMIT

Applicant's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Description of the nature of business being solicited: \_\_\_\_\_

\_\_\_\_\_

Have you ever been denied a licence or permit to solicit? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor violation involving moral turpitude?

\_\_\_\_\_ What kind, date and place of violation? \_\_\_\_\_

\_\_\_\_\_

Proposed dates of solicitation: \_\_\_\_\_

Routes to be followed in conducting solicitation: \_\_\_\_\_

\_\_\_\_\_

The make, model, year, color and license plate number of any automobiles to be used for your solicitation: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

\*If applicant is applying for a permit as an exempt entity, the following questions must be answered:

(A) Is your organization operated exclusively for religious, charitable, scientific, literary, health, hospital, education or other public purposes operated exclusively for the prevention of cruelty to children or animals, or exclusively for a home for the aged, or exclusively for contributing financial support to any of the within named purposes?

Yes \_\_\_ No \_\_\_. If so, please explain which purpose is applicable: \_\_\_\_\_

(B) Does any part of the net earnings of your organization go to the benefit of any private shareholder, member, or any other individual? Yes \_\_\_\_\_ No \_\_\_\_\_

(C) Does a substantial part of the activities of your business organization involve the carrying on of propaganda or otherwise attempting to influence legislation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

Please attach a copy of the Department of Taxation's approval of tax exempt status for your organization.

\_\_\_\_\_  
Signature of Applicant