



**Bexley Police Department**  
**559 N. Cassingham Road**  
**Bexley, Ohio 43209**  
**614-559-4444**

**SOLICITOR LICENSE APPLICATION**

PERMIT # \_\_\_\_\_

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

**The following items must be submitted:**

- ☐ COPY OF RECENT GOVERNMENT ISSUED PHOTO ID
- ☐ STATE OF OHIO BACKGROUND (BCI WEBCHECK)
- ☐ BACKGROUND CHECK FROM HOME STATE (IF OTHER THAN OHIO)
- ☐ \$25.00 APPLICATION FEE (CHECK OR CASH, NON-REFUNDABLE) \*due at time of application\*

**APPLICANT INFORMATION:**

Last Name:		First:		MI:	
Permanent Address:					
City:			State:		Zip:
Temporary Address:					
City:			State:		Zip:
Email address:			Phone #:		
DOB:			SSN:		
Race:	Height:	Weight:	Hair color:		Eye color:
Vehicle Year:	Make:		Model:		Color:
License Plate #		State:			

**COMPANY INFORMATION:**

NAME:		ADDRESS:	
CITY:		STATE:	ZIP:
CONTACT PERSON:		PHONE #:	
NATURE OF BUSINESS:			

I affirm that the above information is true and complete to the best of my knowledge. Further, I will abide by the laws and regulations as set by the City of Bexley, Ohio, Chapter 832 of the Bexley Codified Ordinances.  
I hereby waive my rights and give consent to the Bexley Police Department to check any and all records pertaining to my police and work records. I understand that the \$25.00 application fee is non-refundable in the event my application is denied.  
I understand that if approved, the permit expires on Dec. 31st of the current year.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

DATE RECEIVED:	BY:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	_____ Chief of Police      Date