

City of Huron
Planning and Zoning Dept.
417 Main St.
Huron, Ohio 44839
P: 419-433-5000
F: 419-433-5120



**Peddler Permit Application
Codified Ordinance Chapter 711**

COMPANY INFORMATION

COMPANY: _____ PHONE: _____

COMPANY REPRESENTATIVE/SUPERVISOR: _____

ADDRESS: _____ EMAIL: _____

Service/product being sold: _____

Proposed time frame you will be operating within the city: _____ to _____ (6 month max)

MAIN APPLICANT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

EMAIL: _____

Have you ever made application before, or previously held a license issued by the City of Huron? If yes, when? _____

Have you ever been convicted of a felony? ☒ Yes ☐ No
If yes, give description of the charge, date of conviction and court _____

Give make, model, license number and description of any vehicle(s) you will be driving while canvassing the City. _____

Are you the only representative of your company who shall be named on the license? ☒ Yes ☐ No

If no, each individual operating under this license will complete the following section and each will provide a valid drivers license or other form of identification. Page 2.

Additional Applicants

Name:_____ **Phone:**_____

Address:_____ **City, State, Zip:**_____

Email:_____

Have you ever been convicted of a felony? ☒ Yes ☐ No

If yes, give description of the charge, date of conviction and court _____

Give make, model, license number and description of any vehicle(s) you will be driving while canvassing the City. _____

Name:_____ **Phone:**_____

Address:_____ **City, State, Zip;**_____

Email:_____

Have you ever been convicted of a felony? ☒ Yes ☐ No

If yes, give description of the charge, date of conviction and court _____

Give make, model, license number and description of any vehicle(s) you will be driving while canvassing the City. _____

ITEMS TO BE SUBMITTED WITH APPLICATION

- A Certificate of Liability Insurance reflecting a min. of \$300,000 combined bodily and property damage coverage, naming the City of Huron as an additional insured.
- A copy of a valid Photo ID or Drivers License for each person/applicant who will be soliciting.
- A non-refundable \$50 application fee. (Once the permit is approved, there will be an additional fee of \$10 for each person other than the main applicant).

It is agreed by the applicant that s/he will conform to the rules and regulations and provisions of Ordinances of the City of Huron. I hereby acknowledge the foregoing questions and other statements contained herein are true and correct to the best of my knowledge and belief. I further understand that any false statements on this application shall be considered sufficient cause for refusal and/or revocation of said license. I/We give consent to the City to perform a search of any outstanding warrants and/or conduct a criminal background check on all applicants.

Date:_____

Name(s) (print)

Signatures

INSTRUCTIONS FOR APPLICANTS

- **EACH PERSON SOLICITING NEEDS TO CARRY A COPY OF THE PERMIT TO PRODUCE IF REQUESTED BY RESIDENT OR OFFICER OF THE CITY.**
- **LICENSE/PERMIT WILL EXPIRE SIX (6) MONTHS FROM THE DATE OF ISSUANCE. YOU WILL NEED TO REAPPLY IF YOU WISH TO CONTINUE.**
- **HOURS REGULATED: REGULAR BUSINESS HOURS ONLY.**
- **NON-TRANSFERABLE LICENSE/PERMIT**

CHAPTER 711- Peddlers in its entirety can be found on the city website:

www.cityofhuron.org

Contact the Planning & Zoning Department with questions: 419-433-5000 ext. 1302