

**CITY OF BRUNSWICK DIVISION OF POLICE
SOLICITING APPLICATION
CHAPTER 836 OF THE CODIFIED ORDINANCES OF THE CITY OF BRUNSWICK**

NAME:			CITY:			
ADDRESS:			STATE AND ZIP:			
HOME PHONE: ()			CELL PHONE: ()			
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:		OHIO DRIVER'S LICENSE NUMBER:			
SEX:	HGT:	WGT:	HAIR:	EYES:		
MAKE/MODEL OF VEHICLE:			VEHICLE LICENSE NUMBER:			
NAME OF COMPANY:			PHONE: ()			
ADDRESS OF COMPANY:						
TAX IDENTIFICATION NUMBER OF EMPLOYER:			APPLICANT'S LENGTH OF SERVICE FOR WHOM HE/SHE IS SOLICITING:			
GIVE BRIEF DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD:						
ALL PLACES OF RESIDENCE WITHIN THE ONE PREVIOUS YEAR:						
ALL PLACES OF EMPLOYMENT WITHIN THE ONE PREVIOUS YEAR:						
PLEASE GIVE NAME, COMPLETE ADDRESS, AND PHONE OF TWO REFERENCES:						
NAME:		ADDRESS/CITY/STATE/ZIPCODE:		PHONE:		
NAME:		ADDRESS/CITY/STATE/ZIPCODE:		PHONE:		
PHOTO			HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC OFFENSES?		YES:	NO:
			DATE AND NAME OF OFFENSE(S):			
			EXPLANATION:			
			I SWEAR THAT THE ABOVE STATEMENTS ARE TRUE. I FULLY UNDERSTAND THAT ANY FALSE STATEMENTS SHALL BE CAUSE FOR DENIAL OF APPLICATION OR REVOCATION OF PERMIT.			
SIGNATURE:				DATE:		

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DO NOT WRITE IN THIS SPACE	
\$50 application fee	Received by City of Brunswick Finance Department <div style="text-align: right;">___ Yes ___ No</div>
City of Brunswick Business Questionnaire (please attach)	Received by City of Brunswick Income Tax Office <div style="text-align: right;">___ Yes ___ No</div>
BCI and FBI Check through Medina County Sheriff's Office When applying for background check, please specify that background check results <u>must be mailed directly</u> from the agency to: Brunswick Division of Police Attn: Sgt. Hayest 4095 Center Road Brunswick, OH 44212 Do <u>not</u> mail the results to yourself or any other agency.	B.C.I. ___ Yes ___ No F.B.I. ___ Yes ___ No
City of Brunswick Division of Police	Proof of ID: _____ Approving Officer: _____ Record Check: _____