

COMMERCIAL SALES INFORMATION SHEET

REQUIREMENTS

- **Commercial Sales Application** (Attached)
- **Proof of Identity** (e.g. State issued Driver's License/I.D. Card, Military I.D., Passport)
- **State of Ohio Vendor's License**
(Required only if selling taxable items, e.g. soda, shirts, drinks containing <50% veg/fruit juice by volume)
- **BCI Background Check**
(If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)

PRICING

Application fee	- \$20.00	Annual License fee	-\$150.00
		Tri-Annual License fee (Jan-Apr) (May-Aug) (Sep-Dec)	- \$75.00
BCI Background Check fee	- \$32.00	Identification Card fee	- \$5.00
		Promoter License fee	- \$300.00

OFFICE LOCATION & HOURS

4252 Groves Road
Columbus, OH 43232
Monday - Friday
8:00 a.m. to 3:30 p.m.

Applications and supporting documents may be submitted via one of the following:

1. **In person at the License Section** (see above for location and hours)
- *2. Emailed to commsales@columbus.gov
- *3. Mailed to the License Section (see above for location)
- *4. Placed in the License Section drop box

*Application must be notarized prior to submission

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

Annual Tri-Annual

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION



DEPARTMENT OF
PUBLIC SAFETY

**COMMERCIAL SALES/
COMMERCIAL SALES PROMOTER
APPLICATION**

NEW RENEWAL

COMMERCIAL SALES COMMERCIAL SALES PROMOTER

APPLICANT INFORMATION

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Sex:

Height:

Weight:

Hair:

Eyes:

Have you have a City of Columbus license and/or permit revoked, suspended, or refused within the last three (3) years? Yes No

Have you ever been convicted of a felony? Yes No

If yes, list all felony convictions that occurred within the past seven (7) years:

Are you on felony probation or parole? Yes No

If yes, date began:

Are you required to register as a sexual offender? Yes No

If yes, date registered:

BUSINESS INFORMATION

Business Name:

Business Address:

City:

State:

Zip:

Business Phone:

Business Email:

Are you a Form W-2 employee with this company? Yes No

Describe items to be sold:

Where will those items be sold?

How will those items be sold?

Do you have the approval to sell Ohio State University merchandise? (If yes, provide the approval letter with this) Yes No N/A

COMMERCIAL SALES PROMOTERS ONLY

List all Commercial Sales applicants that will engage in peddling, soliciting, or canvassing: (If more than eight (8) applicants, attach a sheet to this application)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.

All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

State of _____, County of _____.

I, _____, being duly sworn, affirm and swear that I am the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an applicant of that which is to be licensed by this application.

(Applicant's Signature)

Sworn to before me and subscribed in my presence this ____ day of _____, 20____.

Notary or Agent of Director of Public Safety