



# City of Canal Winchester

36 South High Street  
Canal Winchester, Ohio 43110  
Clerk of Courts

Phone (614) 837-7691 Fax (614) 837-0145

## SOLICITOR LICENSE APPLICATION

rev. 05/31/2017

### BUSINESS OR ORGANIZATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Activity \_\_\_\_\_ Hours of Activity \_\_\_\_\_

Proposed Use \_\_\_\_\_

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

\_\_\_\_\_  
**Applicant's or Authorize Agent's Signature**

\_\_\_\_\_  
**Date**

*DO NOT WRITE BELOW THIS LINE*

Date Received: \_\_\_ / \_\_\_ / \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
Paid

Date of Action: \_\_\_ / \_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Application \_\_\_ No

Approved: \_\_\_ Yes

\_\_\_ Yes, with conditions