

LICENSE SECTION



DEPARTMENT OF BUILDING AND ZONING SERVICES

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)
- **Private Property Signed Permission**
(If selling items on private property)

PRICING

Application fee - \$20.00

BCI Background Check fee - \$32.00

Annual License fee - \$150.00

Tri-Annual License fee - \$75.00
(Jan-Apr) (May-Aug) (Sep-Dec)

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

LICENSE SECTION

COMMERCIAL SALES/
COMMERCIAL SALES PROMOTER
APPLICATIONTHE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYORDEPARTMENT OF BUILDING
AND ZONING SERVICES 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

Is 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: _____

Will you be on Private Property? Yes No

Location of where items will be sold? _____

Method of sales(Portable rack,carried ect.)

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.

Do you agree to conform to and abide by all the Rules and Regulations of Columbus City Code, Chapter 523, Commercial Sales
Yes No

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 Building and Zoning Services