

**VILLAGE OF NAVARRE  
STARK COUNTY, OHIO  
ORDINANCE NO 3-2015**

**Application for Solicitation Permit**

This form must be filled out entirely. A copy of a valid picture ID must be attached to the application. A separate application must be submitted for EACH person that is going to solicit. Permits may be issued under a business or organization name but each person soliciting must have a separate permit. Background checks may be obtained from the Navarre Police Department. Call 330-879-0342 to schedule an appointment for a background check. Applications must be submitted by mail to the Chief of Police, Navarre Police Department, 27 Canal St. West Navarre, Ohio 44662 and should be submitted ten (10) days prior to the intended solicitation. The application will be returned by regular U.S. Mail by the Chief of Police unless e-mail or fax return is requested. **The fee for this application is \$50.00 and the applicant pays all costs associated with the background check.**

**TAKE NOTE:** The issued permit shall be revocable by the Chief of Police, or the Village Administrator acting in the Chief's absence, if (a) any of the information in this application is determined to be inaccurate, if (b) either such official determines, in his/her sole judgment, that the permit holder has violated any ordinance of the Village of Navarre or any section of the Ohio Revised Code while acting pursuant to the permit, or if (c) either such official determines, in her/her sole judgment, that the health and safety of Village residents is best served by revoking the permit.

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Type of Photo ID Submitted: \_\_\_\_\_

Photo ID/ License Number: \_\_\_\_\_

Nature of Solicitation ( what kind of sales, subscriptions, order, etc.): \_\_\_\_\_

Business / Organization Name: (if any) \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Dates Soliciting in the Village of Navarre: \_\_\_\_\_

Return Permit by :

(    ) Pick up    (    ) Fax to: \_\_\_\_\_ (    ) Other: \_\_\_\_\_

(    ) Mail to: \_\_\_\_\_

**Application for Solicitation Permit, Village of Navarre**

**VILLAGE USE ONLY**

Application Number: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Background Check Required:    (    ) YES    (    ) NO

Approved / Denied: \_\_\_\_\_

Official Signature: \_\_\_\_\_

Permit No: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_