

Village of Weston, Ohio
APPLICATION FOR VENDOR/SOLICITOR LICENSE

Company and/or Applicant Name	Federal ID # or SS#
Business Address	Home Address
	Phone Numbers (list all)

Please list the names, if any, of other areas you have recently conducted business in, where a license was also required. _____

Please provide a brief description of the business and/or goods to be sold:

Please list the names of any/all individuals that will approach prospective customers/residents on behalf of the company listed above (use the back of the form if additional space is needed):

If you will be using a vehicle, what is the license plate number? _____

Vehicle Make/Model/Year/Color: _____

Before the application will be considered, a BCI (if you have been an Ohio resident for at least 5 years, \$32) or FBI (if you are an out of state resident, or have not lived in Ohio for the past 5 years, \$35) background check **MUST** be completed for each individual listed above (see information sheet attached). Please have these results sent directly to the **Village of Weston, PO Box 354, Weston, OH 43569**. We also require a copy of picture identification for each person (driver's license, ID card, etc) to be sent in with the application.

Please allow **at least** one week for this application to be processed. Upon approval/denial, the applicant will be contacted at the phone number(s) or address listed above. The application fee is \$5 for Village residents and \$15 for non-residents, per year, payable upon application approval.

Signature of Owner or Authorized Individual Date Submitted (mm/dd/yy)

Printed Name and Title

Note: The company must notify the Village **immediately** any time a new individual (not listed on this form) will be soliciting on their behalf. An amended form must be submitted (approved by Sheriff), along with photo identification. By signing below, you are certifying that you understand the rules and ordinances of the Village of Weston in relation to door-to-door sales. You also agree not to harass or cause harm, financial or otherwise, to any residents of the Village of Weston.

WebCheck Fingerprinting



REGISTRATION FOR WEBCHECK FINGERPRINTING APPOINTMENTS ARE TAKEN ONLINE.

If you are unable to register for an appointment online, please call the Wood County Sheriff's Office at 419-354-9007 between the hours of 9:00 am and 4:00 pm, Monday thru Friday.

INFORMATION REQUIRED FOR PROCESSING

◇ Proof of Identity: (Ohio Driver's License, Birth Certificate, Social Security Card, Passport, Ohio Identification Card)

◇ Correct address for agency to receive fingerprint/background check certificate.

- Code needed for electronic submission

◇ Cash only payment to be made upon completion

◇ If the person being fingerprinted is a minor, a parent or guardian must accompany the minor to sign additional paperwork giving our office permission to fingerprint.

ELECTRONIC FINGERPRINT FEES

◇ Resident of OHIO for the last consecutive five years – \$32.00

◇ Resident of OHIO for FEWER than five years or an FBI check – \$35.00

◇ Based on information needed by requestor, both an FBI and a BCI&I check may be required. Total cost is \$67.00

To expedite your visit, you may download and complete our form prior to your appointment.

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Contact Information

Deputy Amy Taulker

Phone: 419-354-9007

E-Mail

WOOD COUNTY SHERIFF'S OFFICE

MARK WASYLYSHYN
Sheriff



ERIC L. REYNOLDS
Chief Deputy

Waiver for Web Check© Fingerprints

Please print the following information:

(Name: Last, First, Middle)

(Address, City, State and Zip Code)

(Social Security #)

(Date of Birth)

(Phone)

TYPE OF BACKGROUND CHECK REQUESTED:

- BCI (OHIO)** I have been an Ohio resident for the last 5 years.
I further understand that \$32.00 is the charge for this service.
- FBI (National)** I am an out of state resident, or have not lived in Ohio for the past 5 years.
I further understand that \$35.00 is the charge for this service.
- BCI & FBI Needed**
I further understand that \$67.00 is the charge for this service.

PLEASE CHECK IF YOU WANT YOUR RESULTS SENT TO THE OHIO DEPARTMENT OF EDUCATION FOR TEACHER CERTIFICATION

- Request a copy of results mailed to me
- Request to mail results to an Agency:
Agency: _____
Agency's Address: _____
(Address, City, State)

Village of Weston

13234 Main Street
P.O. Box 354
Weston, Ohio 43569

I hereby certify that I have given the Wood County Sheriff's Office permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I).

By placing my fingerprint images on the NATIONAL WebCheck© Scanner, I am authorizing BCI&I to release criminal information about me to the person(s)/agencies identified in this request for a period of one year from the date of this transaction.

I hereby release BCI&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

Applicant's Signature: _____ Date: _____