



Troy Police Department

City of Troy, Ohio

124 E. Main Street - Troy, Ohio 45373
(937) 339-7525 - Fax (937) 339-1468



Shawn O. McKinney
Chief of Police

Commission on
Accreditation for Law
Enforcement Agencies

APPLICATION FOR VENDOR'S LICENSE

Applicants please note:

1. All licenses are valid for the calendar year of issuance only.
2. Applications must be submitted at least 5 days before expected issuance
3. Permitted hours of vending are 9:00 a.m. to 9:00 p.m.
4. License must be carried by the vendor at all times
5. Any violation of vending ordinances will result in a revocation of the license.

**APPLICATION
FEE: \$25.00**

Applicant Information			
Full legal name		3-inch color picture required (Affix here)	
Home address			
City	State		Zip
Birthdate	Social Security Number		
Mobile Phone			
Alternate Phone			
List all convictions of any of the following crimes:			
<i>Homicide</i>	<i>Sex Offense (within past 7 years)</i>	<i>Assault (within past 7 years)</i>	
<i>Drug Offense (within past 7 years)</i>	<i>Weapons offense (within past 5 years)</i>	<i>Theft (within past 7 years)</i>	
<i>Any other offense of violence (within past 7 years)</i>			
Date	Offense		

Applicant Information - continued

List all addresses within the last year

Address (number, street, city, state, zip code)

Address (number, street, city, state, zip code)

Business Information

Company Name

Business Address

City

State

Zip

Business Phone Number

Supervisor's Name

Supervisor's Phone Number

Vehicle Information

Color

Make

Model

License Plate Number

License Plate State

Color

Make

Model

License Plate Number

License Plate State

Acknowledgement

By signing this application, I acknowledge and authorize a complete background check to be performed. I understand that any convictions of the crimes listed on this application will be grounds for denial of a permit.

*If denied, an appeal may be made to the Service and Safety Director's Office within 5 days

Signature

Date

Office Use Only

Received by:

Date:

Background check completed by:

Date:

Chef of Police Approval

Signature

Date: