Solicitor License Application

Name _____
First Middle Last

Permanent Home Address: _____
Street City

_____
State Zip

Full Local Address: _____
Street City

_____
State Zip

Phone Number _____ Cell Phone _____

Type of business and goods to be sold: _____

_____

_____

Name of Employer _____

Employer Address _____
Street City State Zip

Employer Phone : _____ Contact :_____

Requested Time to Conduct Business_____

Where Orders will be taken _____Delivery Method_____

Staff Use Only (please check)

Picture _____ Fingerprints _____ References_____

Background Statement _____ License Fee Paid_____

Approved Signature _____ Date:_____
Public Safety Director