CITY OF CHADRON, NEBRASKA
APPLICATION FOR SOLICITOR LICENSE

Name of Applicant:_____ Date: _____

Home Address:_____State: _____ Zip: _____
City

Business Address:_____State: _____ Zip: _____
City

Personal Phone No:_____ Business Phone No: _____

Cell Phone No._____

LICENSE REQUESTED

Solicitor $50.00 Daily_____ $100.00 Week_____ $250.00 Annual_____

Federal ID # _____ OR Social Security # _____

Name of Company/Corporation Represented:_____

SUPERVISOR: Name: _____

Address: _____

Phone No.: _____

Date/s Products/Goods will be sold in Chadron: _____

Type of Products/Goods to be sold: _____

Where Products/Goods were obtained: _____

Date obtained: _____ From whom obtained:_____

Description of place or location of sales within the City of Chadron: _____

_____

Temporary Chadron address: _____ Phone No.: _____

LICENSE IN OTHER COMMUNITIES
(List 3 Most Recent)

1. _____

2. _____

3. _____

Motor Vehicle License No.: _____
State Number

Operator's License No.: _____ Description of Vehicle: _____
Year Make Color

Date of Birth: _____ Social Security No.: _____
Month Date Year

Physical Description: Height _____ Color of Hair _____
Weight _____ Color of Eyes _____
Male _____ Female _____

_____
Signature of Applicant

STATE OF NEBRASKA)
) ss.
County of Dawes)

Under penalty of perjury, and upon being sworn on oath, the undersigned does hereby state that the foregoing information is true and correct.

Subscribed and sworn to before me this _____ day of _____

_____
City Clerk/Notary Public

(S E A L)

Last Revised: September 13, 2021