APPLICATION FOR SOLICITORS PERMIT

Date: _____

Name of organization: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Purpose of Solicitation: _____

Item(s) or Product(s) to be sold: _____

Method of collection: _____

INDIVIDUAL SOLICITING

Name: _____
(First) (Middle) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

License Number: _____ Issuing State: _____

If you will be using a vehicle to solicit within the city limits, provide the following:

Make: _____ Model: _____ Color: _____

Plate #: _____ Issuing State: _____

I do hereby acknowledge that all statements contained herein are true

Signature of Applicant: _____ Date: _____

Departmental Use Only

Background check received: _____ Approved: _____ Date of Approval: _____

Approved by: _____ Permit expires: _____