VILLAGE OF VARNA
SOLICITOR PERMIT APPLICATION

APPLICATION REQUIREMENTS:

- ***NON-REFUNDABLE APPLICATION FEE OF $25.00. (Make check payable to the Village of Varna)***
- ***COPY OF A DRIVER'S LICENSE OR STATE ID OF APPLICANT.***
- ***2 PHOTOGRAPHS (AT LEAST 2 X 3 ½ INCHES IN SIZE)***
- ***COMPLETED APPLICATION*** *(All information requested is **required.**)*

COMPANY INFORMATION

COMPANY NAME (Company that you are employed by and are soliciting on behalf of):

_____

COMPANY ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

SUPERVISOR'S NAME: _____ LENGTH OF EMPLOYMENT: _____

APPLICANT INFORMATION

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SOCIAL SECURITY NUMBER: XXX-XX-_____ DATE OF BIRTH: _____

APPLICANT'S PHONE NUMBER: _____ EMAIL: _____

1. DESCRIPTION OF SOLICITATION ACITIVITY AND DATES OF SOLICITATION:

   _____

2. LIST DATE OF ANY PREVIOUS APPLICATION FOR SOLICITATION OR PEDDLING, IF ANY, IN THE VILLAGE OF VARNA: _____

3. HAS A PEDDLER'S LICENSE OR SOLICITATION REGISTRATION ISSUED TO YOU OR YOUR COMPANY EVER BEEN REVOKED? _____

4. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY MUNICIPAL ORDINANCE REGULATING SOLICITATION OR PEDDLING? _____

5. HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY OR MISDEMEANOR INVOLVING DISHONESTY? _____

   IF YES, STATE THE OFFENSE, YEAR OF THE PROSECUTION, AND WHERE THE PROSECUTION OCCURRED

   _____

6. ARE YOU A REGISTERED SEX OFFENDER? YES:_____ NO:_____

IF YES, EXPLAIN:_____

7. TYPE OF VEHICLE TO BE USED: Make Model Year Color

_____

LICENSE PLATE NUMBER:_____STATE: _____

DRIVERS LICENSE NUMBER:_____ STATE: _____

8. PHYSICAL DESCRIPTION: GENDER:_____ HEIGHT:_____

WEIGHT:_____ EYE COLOR:_____ HAIR COLOR:_____

9. IS THE APPLICANT SOLICITING FOR A CHARITABLE OR NOT-FOR-PROFIT CORPORATION?_____

IF YES, ATTACH A SEPARATE PAGE WITH THE NAME AND ADDRESS OF EACH PERSON PARTICIPATING IN THE SOLICITATION.

I certify that all of the above statements are true to the best of knowledge, information and belief. I further certify that I will notify the Village within 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that I will abide by all the rules and regulations in the Village of Varna regarding soliciting.

Applicant also certifies that he/she has is aware that the $25.00 application fee will not be refunded if application is denied for any reason.

APPLICANT'S SIGNATURE: _____DATE: _____

Subscribed and Sworn to Before Me
on _____ [INSERT DATE]

_____
Notary Public

_____Approved _____Denied By:_____

Date:_____

FEE: _____ Paid
_____ Waived (charity/NFP applicant)