POLICE DEPARTMENT

SOLICITOR PERMIT APPLICATION

Name: _____
Last First Middle

Permanent Home Address (City, State, Zip): _____

Birthdate:_____ Social Security Number:_____

Driver License Number and State:_____

Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____

Aliases:_____

Name and permanent address of firm that you represent:_____
Name

Address (City, State, Zip):_____

Name and Phone Number of direct supervisor or local contact:_____
Name

Phone Number:_____Title:_____

Description of merchandised or services offered:_____

Is any money received before delivery of product?_____

Business conducted door to door? Yes_____ No_____ If no, what is the temporary address

where business will be conducted?_____

Motor vehicle used in conducting your business: Make_____ Model_____Year_____

License Plate_____State_____Vehicle registered to:_____

Are you a U.S. citizen?_____ Place of Birth:_____

Have you ever been convicted of a crime?_____If yes, give date_____ State_____

Charge(s):_____

List the last three cities where you have done business:_____

_____

I declare the above statements are true and correct to the best of my knowledge.

Applicant's Signature_____Date_____