

APPLICATION FOR SOLICITATION

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME OF BUSINESS OR ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ LENGTH OF TIME AT ABOVE ADDRESS: _____

PURPOSE OF SOLICITATION: _____

DATES OF SOLICITATION: _____

TIMES OF SOLICITATION: _____

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY SOLICITATION ORDINANCE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

PERSONAL HISTORY

HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

SEX: _____ AGE: _____ DATE OF BIRTH: _____

SS #: _____ DRIVERS LICENSE #: _____

FOR OFFICE USE ONLY

POLICE BACKGROUND CHECK APPROVED BY: _____

PERMIT APPROVED BY: _____ BADGE NO.: _____

DATE OF APPROVAL: _____ EXPIRATION DATE: _____