

# Solicitor's Permit Application

Note: A separate application must be filled out for each solicitor. Applications require a period of up to 10 days for review.

## APPLICANT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Sex: \_\_\_ Race: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

## VEHICLE

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

## ORGANIZATION OR BUSINESS

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

General purpose of organization: \_\_\_\_\_

Description of goods, services or wares sold: \_\_\_\_\_

If not selling goods, services or wares, describe purpose of solicitation: \_\_\_\_\_

Is this a charitable organization as defined by Internal Revenue Code (choose one)?      YES      NO

Purpose for which contribution will be used: \_\_\_\_\_

When will solicitation take place (dates and times)? \_\_\_\_\_

## FOR INTERNAL USE ONLY

Circle One:      APPROVED      DISAPPROVED

Date: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

**PERSONAL HISTORY**

**List names and addresses of persons or organizations for which you have solicited during the last 3 years:**

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_

**List other municipalities in which you have solicited during the last 6 months:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**If you have ever been denied or had a license to solicit revoked, list times and places of denial or revocation:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**If you have ever been convicted of a crime, list times and places of convictions:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_