

Solicitors License Application

Date: _____

Personal Information:

Full Name: _____ SSI# _____
Sex: _____ Date of Birth: _____ Height: _____ Weight: _____
Permanent Address: _____
Previous Address: _____
Drivers Lic. No. _____ State: _____ Date of Issue: _____
Phone# : _____

Business Information:

Name of Firm/Employer: _____
Employer Website: _____
Address of Employer: _____
Nature of business: _____
Does your business have food concessions? _____
If so, do you have a current license from the health department? _____
Does your firm/employer require you to furnish a bond? _____
Name of bonding company _____
Does your firm/employer carry liability insurance? _____
If so, please name the company _____

References:

Please provide name and address of two references:

Please provide a list of the last three towns you solicited in (City & State):

_____, _____, _____

Your Signature: _____

OVER ➔

For Office Use Only:

A thorough investigation has been made of this application, and it is recommended that the application be approved/disapproved.

Chief of Police: _____

Fee: _____

Issued by: _____

Date of Issue: _____

Date of Expiration: _____
(December 31st of each calendar year)

Solicitor's Licenses are valid for the calendar year in which the application is submitted and approved.

The fee is to be paid when submitting the application. All applications may take 30 days to process.

☐ FEE - \$25.00

Please attach a copy of photo ID here

