



# 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 →

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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.

Please attach a copy of photo ID here

FEE - \$25.00

