APPLICATION FOR SOLICITORS PERMIT

Date:				
Name of organization:		Phone #:		
Address:	City:	State:	Zip:	
Purpose of Solicitation:				
Item(s) or Product(s) to be sold	:			
Method of collection:				
	INDIVIDUAL SOLICI	TING		
Name:(First)	(Middle)		(Last)	
Address:		State:		
		Phone:		
License Number:	Issuir	Issuing State:		
If you will be using a vehicle to	solicit within the city limits, pr	rovide the following	:	
Make:	Model:	Color:		
Plate #:	Issuing State:			
I do hereby ack	nowledge that all statements	contained herein a	re true	
Signature of Applicant: Date:				
	Departmental Use On	ly		
Background check received:	Approved:	Date of A	pproval:	
Approved by:	Permit expire	es:	9	