



SOLICITOR REGISTRATION APPLICATION

Please ensure that the following items are submitted along with this application:

- **Non-refundable payment of \$25.00 |**
- **Copy of a valid driver's license**
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APPLICANT INFORMATION

NAME OF APPLICANT (First and last)

HOME ADDRESS

PHONE NUMBER

EMAIL ADDRESS

DRIVER'S LICENSE NUMBER

BUSINESS INFORMATION

BUSINESS/EMPLOYER'S NAME

LENGTH OF EMPLOYMENT

BUSINESS ADDRESS

BUSINESS PHONE NUMBER

SUPERVISOR'S NAME (First and last)

SUPERVISOR'S PHONE NUMBER

SOLICITATION INFORMATION

PRODUCTS/SERVICES TO BE SOLD/RENDERED |

NAME OF COMPANY OFFERING PRODUCTS/SERVICES BEING SOLD, IF DIFFERENT FROM ABOVE. EXAMPLE: EMPLOYER IS ABC MARKETING, BUT SERVICE BEING SOLD IS ELECTRICITY CONTRACT FROM XYZ ENERGY)

TYPE OF SOLICITATION

DOOR TO DOOR

INTERSECTION

PERIOD OF TIME FOR WHICH PERMIT IS REQUESTED

PLEASE INDICATE YOUR SOLICITATION HOURS

9:00A – 8:00P MONDAY – SATURDAY | 10:00A – 5:00P SUNDAY | 9:00A - 8:00P LUNES - SÁBADO |
10:00A - 5:00P DOMINGO

ADDITIONAL QUESTIONS

HAVE YOU EVER BEEN CONVICTED OF A FELLONY?

YES NO

IF YES, PLEASE EXPLAIN.

HAVE YOU OR THE BUSINESS YOU ARE SOLICITING FOR EVER BEEN DENIED A PERMIT FOR SOLICITATION OR HAVE HAD YOUR PERMIT REVOKED BY ANY OTHER GOVERNMENT ENTITY?

YES NO

IF YES, PLEASE EXPLAIN.

PLEASE INITIAL THE ITEMS BELOW

I UNDERSTAND THAT A SOLICITOR PERMIT MUST BE DISPLAYED AND VISABLE WHILE SOLICITING

I UNDERSTAND THAT I MAY NOT KNOCK-ON DOORS OR ENGAGE IN CONVERSATION AT ADDRESSES DISPLAYING A 'NO SOLICITING' SIGN

I UNDERSTAND THAT THE \$25.00 APPLICATION FEE IS NON-REFUNDABLE. |

SIGNATURE OF APPLICANT

DATE

NUMBER TO CALL WHEN PERMIT IS READY

FOR OFFICE USE ONLY

AMOUNT RECEIVED:

DATE RECEIVED:

METHOD OF PAYMENT:

PROCESSED BY: