



### Solicitors Registration

<p><b>Solicitation is allowed between the hours of 8:00 a.m. and 9:00 p.m. every day of the week.</b></p> <p><b>No peddler or solicitor shall enter any premises where a sign prohibiting is placed.</b></p>	<p><b><u>Requirements</u></b></p> <ul style="list-style-type: none"> <li>○ Exempt from fees</li> <li>○ Registration <u>must</u> be presented in person</li> <li>○ Credentials establishing relationship to employer/supplier</li> <li>○ A copy of your identification will be taken when registration is turned in to the City</li> </ul> <p><i>The Sheriff's Dept. will be notified of the registration after filed at the City Offices.</i></p>
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Annual or Daily (circle term of license applying for)

Dates of conducting business \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle AKA

Sex: M \_\_\_ F \_\_\_ hair color \_\_\_ eye color \_\_\_ height \_\_\_ weight \_\_\_ age \_\_\_

D.O.B. \_\_\_\_\_ Home phone no. \_\_\_\_\_ Business phone \_\_\_\_\_

Permanent home address (must be the same as that listed on driver's license):

\_\_\_\_\_ Street City State Zip

Local address: \_\_\_\_\_  
Street City State Zip

Business description and product or services involved: \_\_\_\_\_

Name and address of employer or supplier of applicant: (Name) \_\_\_\_\_

\_\_\_\_\_ Street City State Zip

Source of supply of goods or products to be sold: \_\_\_\_\_

Location of goods or products at time application is filed: \_\_\_\_\_

Description of vehicle used in business \_\_\_\_\_

Vehicle License Plate No.: \_\_\_\_\_ Vehicle Identification No.: \_\_\_\_\_

Method of delivery \_\_\_\_\_

Have you ever been convicted of a crime, misdemeanor, or non-traffic violation within the last five years?  
(if yes, give details)

\_\_\_\_\_  
\_\_\_\_\_

List the last municipalities (not to exceed 3) where you have carried on this business preceding the date of this application and include the address(es) from which business was conducted.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or the omission of facts called for shall be just cause of the denial of the required permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application is NOT acceptable if NOT fully completed.**

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**City Offices Use ONLY**

\_\_\_ Application submitted in person (not via e-mail, fax, or US mail)

\_\_\_ Certificate of receipt provided      Receipt No. \_\_\_\_\_

\_\_\_ Copy of driver's license taken

\_\_\_\_\_  
City Approval

\_\_\_\_\_  
Date