



CITY OF SOLOMON
Solicitor Permit Application

License Fee: \$25.00

Date: \_\_\_\_\_

Name: \_\_\_\_\_

PERMANENT \_\_\_\_\_

LOCAL \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer \_\_\_\_\_

Address: \_\_\_\_\_

Length of Service: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female \_\_\_\_\_

Eye Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Description of the nature of your business and the goods to be sold or distributed: \_\_\_\_\_

Dates Soliciting/Canvassing in the City of Solomon: \_\_\_\_\_

IF VEHICLE TO BE USED IN SOLICITING/CANVASSING, PLEASE COMPLETE THE FOLLOWING:

Vehicle Make/Model \_\_\_\_\_ Tag # \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

PLEASE INITIAL EACH BOX BELOW INDICATING THAT YOU HAVE READ AND UNDERSTAND EACH:

[ ] I swear that I have not been convicted of a felony, misdemeanor, or ordinance violation involving force, violence, moral turpitude, deceit, fraud, or any law regulating the act of soliciting or canvassing as defined by this chapter within the fast five (5) years in this state or any other state or subdivision thereof or of the United States.

[ ] I swear that I have not had a solicitation permit or registration revoked or suspended under the ordinances of the City of Solomon or any other City.

[ ] I understand and agree that if this permit is granted, it will not be used or represented in any way as an endorsement of the City of Solomon or any department or officer of the City.

[ ] I understand that if this permit is granted I must adhere to all regulations of Solomon Municipal Code, Chapter 5, Article 2, and that if I fail to follow the regulations that I may be subject to fines up to \$500 and imprisonment.

A COPY OF A DRIVER'S LICENSE OR A PHOTO IDENTIFICATION CARD (TAKEN WITHIN SIX MONTHS) IS REQUIRED BY SMC 5-203.

I SWEAR THAT THE ABOVE IS TRUE AND ACCURATE INFORMATION.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_ Signature of Notary \_\_\_\_\_

Seal: