

**DOOR-TO-DOOR SOLICITATION
PERMIT APPLICATION**



Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Height: ___ ft. ___ in. Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Driver's Lic #: _____ ST _____

Vehicle Make/Model: _____ License: _____

Name of Business: _____

Address: _____ State: _____ Zip Code: _____

Business Phone No. _____

Nature of business or products sold: _____

Purpose of Proceeds: _____

Delivery Method of Goods or Services: _____

I understand and agree to the terms in said Ordinance No. 2008-14 regarding the practice of door-to-door solicitation. I attest the above information is true and accurate to the best of my knowledge.

Printed Name: _____

Signature: _____

**Door-to-door solicitation is NOT PERMITTED
between the hours of 9 p.m. and 9 a.m.**

FOR OFFICE USE ONLY

Date Issued:		Date Expires:	
Approved by:		Permit #:	