



APPLICATION FOR SOLICITATION LICENSE

(Please print or type)

Name of Applicant _____ Organization/Business Name _____

Status of Organization (please check one) LLC Partnership
 Corporation Sole Proprietorship Non-Profit Group

Organization Address _____

Telephone Numbers (home) _____ (work) _____

Dates of Solicitation _____

Means of Solicitation (please check one) door to door telephone public places fixed location

Type of Goods/Services _____

Please list the names, addresses, dates of birth and social security numbers of the applicant and persons working under the license. Provide a valid photo ID and the names, addresses and telephone numbers of two (2) reputable citizens who will vouch for the applicant's good character. Use a separate sheet of paper if necessary. Only those persons indicated on the application are authorized to conduct solicitation. No substitutions.

Identify the relationship between individuals listed as solicitors and the applicant (please check one)

employee independent contractor member volunteer

Has the applicant or any of the individuals covered under this license ever been charged with, indicted for, or convicted of any fraudulent or illegal act in any transaction of any kind? Yes No

Describe any motor vehicles to be used in the operation of the solicitation, including the license plate number. Use a separate sheet of paper if necessary. _____

_____ Date of application

_____ Signature of Applicant

_____ (For Department use only)
Date application received _____ Fee Received (If applicable) _____

Received by _____ Background check(s) completed on _____

License issued _____ By _____

Expiration date _____

Transient Retail Business/Fixed

Transient Retail Business/Non-Fixed

Solicitor