



APPLICATION FOR SOLICITATION LICENSE

(Please print or type)

Name of Applicant _____ Organization/Business Name _____

Type of Organization *(please check one)*

☐ LLC ☐ Corporation ☐ Sole Proprietorship ☐ Partnership
☐ Non-Profit Group

Mailing Address _____

E-Mail _____

Telephone Numbers (Work) _____ (Cell) _____

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. Use a separate sheet of paper if necessary. Only those persons indicated on the application are authorized to conduct solicitation. Substitutions are not permitted.

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

☐ employee ☐ independent contractor ☐ member ☐ volunteer

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. _____

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

Date of application

Signature of Applicant

Date application received *(For Department use only)* 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