

Application for Solicitor's License

Please print legibly.			
Applicant Name:	DOB:		
Applicants' Home Telephone:	Business Telepho	Business Telephone:	
Applicants' Drivers' License Number:	State:	Expiration Date:	
Organization/Firm:			
Give a brief description of the nature of the businessale or exhibited:	ss and the kind of character of the good	s or merchandise to be sold, offered for	
Is your corporation incorporated under the laws of State Comptroller office for tax I.D. #: 1-800-252 Enter you			
Is this business door to door: YES NO (Attach any printed material being distributed)			
Have you been convicted of any crime, misdemear If yes, give the nature of the offense, the location a			
I understand that by signing this application I am s include the following: Printed material must be har etc. Initials	tating that I am familiar and shall abide ndled directly to an individual and cann	by all city ordinances and zoning laws, to not be left on doors, porches, car windows,	
I voluntarily and knowing authorize any law enforcement and/or other persons, to give records or information they acter, or any other information requested by City of McC	may have concerning my criminal history,	sumer reporting agency, personal reference, motor vehicle history, general reputation, char-	
We are an equal opportunity employer dedicated to a posex, religion or national origin.	olicy of non-discrimination in employment o	n any basis including race, creed, color, age,	
Signature of Applicant	Date		
	Office Use Only		
Date of Issue:	Expiration Date:		
License #	License Fee:	Total Paid:	
Comments: Applicant has provided all necessary documentation	on (i.e., identification, bond)		
License Issuing Authority	Title		