# CITY OF GAYLORD
# SOLICITOR'S LICENSE APPLICATION

## Applicant Information

NAME _____
Last First Middle

HOME ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____)_____ BUSINESS PHONE (_____)_____

EMAIL ADDRESS _____

DATE OF BIRTH _____/_____/_____ SOCIAL SECURITY # _____ - _____ - _____

DRIVER'S LICENSE # _____ STATE ISSUED _____

SEX _____ HAIR COLOR _____ HEIGHT _____ WEIGHT _____

## Vehicle Description (If Applicable)

MODEL _____ MAKE _____ YEAR _____ COLOR _____

LICENSE PLATE NUMBER _____

## Business / Solicitation Information

DESCRIBE, IN SUFFICIENT DETAIL, THE BUSINESS BEING CONDUCTED AND THE PRODUCTS OR SERVICES INVOLVED: _____

_____

EMPLOYER NAME/ADDRESS _____

_____

METHOD OF DELIVERY _____

START DATE OF SOLICITATION _____ END DATE OF SOLICITATION _____

SELLING HOURS _____

SUPERVISOR NAME _____ SUPERVISOR PHONE (_____)_____

SUPERVISOR EMAIL _____

## Additional Information

SOURCE OF SUPPLY OF WARES TO BE SOLD _____

_____

IS THE SOLICITATION FOR A CHARITABLE, RELIGIOUS, PATRIOTIC OR PHILANTHROPIC PURPOSE? YES / NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES / NO

IF YES, EXPLAIN _____

_____

LIST THE LAST CITIES (UP TO FIVE) WHERE YOU HAVE CARRIED ON BUSINESS PRECEDING THIS APPLICATION (INCLUDE DATES WORKED) _____

_____

_____

## Registration Fees

Organizations whose purpose is charitable, religious, patriotic or philanthropic shall be required to complete this form but are not subject to the fee. In these cases the license shall not exceed ninety (90) days in duration. Soliciting hours are 9:00 a.m. - 8:00 p.m.

**Fee: $50.00 per day per person or $300.00 per year for individual solicitors.**

**Fee: $100.00 per day or $500.00 per year for group solicitors (2 or more individuals associated with the same organization or entity).**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for shall be just cause for denial or revocation of the requested license.

Applicant Signature _____ Date _____

## For Administrative Use Only

| | | | |
|---|---|---|---|
| Permit Type: ☐ 1 Day Permit ☐ Yearly Permit | | Permit Expiration Date: | |
| Applicant Type: ☐ Single Person ☐ Group | | | |
| CR# | Amount Paid | Date Paid | Issuer Initials |

Authorized City Official _____ Date _____

Print Name and Title of City Official _____