Solicitor's Permit Application

Name of Person: _____

Date of Birth: _____

DL#: _____

Description and license plate number of all vehicles to be used by the above Person:

YEAR	MAKE	MODEL	COLOR	TAG&STATE

Company Name: _____

Address: _____

City, State, Zip: _____

Business Phone: _____

Local Phone: _____

Type/Purpose of Solicitation: _____

Dates of Solicitation (30 days): From:_____to_____

Additional Solicitors ($25 fee for each person):

Name	Date of Birth	Driver's License# & State

CONCERNS OR COMPLAINTS - CALLS POLICE DEPARTMENT (254) 938-0100
PERMITS MUST BE SHOWN UPON REQUEST.