Date: \_\_\_\_\_\_\_\_\_\_

APPLICATION FOR SOLICITORS LICENSE

1. Name and description of applicant:

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_

Description of applicant: \_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_

Town/City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_

Personal Phone Number: \_\_\_\_\_\_\_\_\_\_\_

1. A brief description of the nature of the business and goods shown for sale

or for future delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_

1. Employer Name: \_\_\_\_\_\_\_\_\_\_\_

Employer Street Address: \_\_\_\_\_\_\_\_\_\_\_

Employer Town/City: \_\_\_\_\_\_\_\_\_\_\_

State/Zip: \_\_\_\_\_\_\_\_\_\_\_

1. The length of time for which the right to do business is desired: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_

1. Two (2) identical photographs of the applicant which reasonably identify the applicant; such photographs to measure two (2) inches by (2) inches:

Signature of applicant Date

1. A statement taken by the Town Clerk or Chief of Police as to whether or not the applicant has ever been convicted of any crime or misdemeanor, and if the applicant has been so convicted, a statement as to the nature of the offense and conviction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approval Date

Fees Paid:

Background Check: $10.00 Paid Date:

License Fee: $2.50 per day \_\_\_\_\_\_\_ Paid Date:

License Fee: $10.00 per each 7 day week Paid Date:

License Fee: $25.00 per each 30 day month \_\_ \_ Paid Date:

License Fee: $50.00 per year \_\_ \_ Paid Date: