

**WILLARD POLICE DEPARTMENT
REGISTRATION APPLICATION FOR SOLICITOR'S PERMIT**

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

APPLICANT'S DATE OF BIRTH _____ SEX _____ SSN _____

ORGANIZATION/COMPANY REPRESENTED _____

ORGANIZATION/COMPANY ADDRESS _____

ORGANIZATION/COMPANY PHONE NO. _____

PRODUCT(S) TO BE SOLD _____

LICENSE OR PERMIT REQUESTED FROM _____ ENDING _____

SOLICITOR VEHICLE(S) TO BE USED _____

_____ LICENSE NUMBER(S) _____

NAME(S) OF ADDITIONAL SELLER(S) OR SOLICITOR(S) _____

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

LOCATION OF PREVIOUS LICENSE(S) _____

NOTE: HOURS OF SOLICITATION ARE FROM 9:00 TO 5:00 PM, UNLESS FROM A STORE OR OTHER FIXED PLACE OF BUSINESS. EXEMPTION: THE PROCUREMENT OF A LICENSE AND PAYMENT OF A LICENSE FEE SHALL NOT APPLY TO ANY CHARITABLE, RELIGIOUS OR CIVIC ORGANIZATION OR GROUP, UPON APPROVAL BY THE CHIEF OF POLICE, NOR TO THE PRODUCER OF ANY AGRICULTURAL ARTICLES OF HIS OWN RAISING, NOR TO THE MANUFACTURER OF ANY ARTICLE MANUFACTURED BY HIM, NOR TO HIS AGENT. HOWEVER, REGISTRATION WITH THE POLICE DEPARTMENT IS REQUIRED EVEN FOR THESE PERSONS, ORGANIZATIONS OR GROUPS.

_____ APPROVED

_____ DISAPPROVED

_____ FEE REQUIRED

_____ AMOUNT PAID

_____ RECEIPT NO.

CHIEF'S SIGNATURE _____