



DOOR-TO-DOOR SOLICITATION PERMIT APPLICATION

1. Name of the applicant: _____

Physical Description of the applicant: (to be verified by identification)

_____ Height _____ Weight _____ Sex _____ Age _____ Race

2. Complete permanent home address and full local address of the applicant; address of applicant for the past five (5) years.

3. A brief description of the nature of the business and the goods to be sold:

4. If the applicant is employed, the name and address of the employer, together with credentials establishing the exact employer/employee relationship.

5. The length of time for which the right to do the activity is desired:

6. The place where the goods or property proposed to be sold, or orders taken for the sale thereof, are manufactured or produced, where such goods or products are located at the time the application is filed, and the proposed method of delivery, If a vehicle is to be used, a description of the same, together with the Florida State vehicle license number and proof of registration for such vehicle:

7. Attach a photograph of the applicant, taken within sixty (60) days immediately prior to the date of filing of the application, which picture shall be two (2) inches by two (2) inches showing the head and shoulders of the applicant in a clear and distinguishing manner.

8. Attach the fingerprints of the applicant. Write the names, complete address and phone number of at least two (2) reliable residents of the county who will certify as to the applicant's good character and business respectability, or, in lieu of the names of references, such other available evidence as to the good character and business responsibility of the applicant as will enable an investigator to properly evaluate such character and business responsibility:

9. Have you ever been convicted of a crime _____ Yes _____ No

If yes, give the nature of the offense and the punishment or penalty assessed therefore, the city reserves the right to refuse to permit a license to conduct an illegal activity:

10. By my signature below I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that falsified statements on this application may be grounds for revocation of the permit.

Signature of Applicant

Date

For office use only:

The application for _____ is _____ Approved

The application for _____ is _____ Denied based upon:

Chief of Police _____ Date _____

Applicant notified by _____ on _____
City Clerk's Office _____ Date _____

Permit picked up/paid for on: _____
date



City of Flagler Beach
Canvassers and Solicitors Permit

Name: _____ (affix picture)
Address: _____
City, State, Zip: _____

has been issued a permit to sell: _____
(list goods to be sold)
for a period beginning _____ date and ending _____ date

Vehicle to be used: Make _____ Model _____
Color _____ Tag # _____

Chief of Police

Date Issued: _____
Cost: \$50.00