



City of Des Moines
21630 11th Avenue South
Des Moines, WA 98198

**SOLICITOR'S APPLICATION
DMMC 5.08**

Fee - \$100.00 1-5 salesman, additional \$20.00 each for 6 or more.

Name of Applicant _____ Employer: _____
(REQUIRES first, middle initial & last)

Present Address: _____ Address: _____

Telephone Number: _____(home) _____(Work)

Length of time at present address: _____ Address of residence during past 3 years if different from above:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Birth: _____ Social Security #: _____

Drivers License #: _____ State Issued From: _____

Vehicle Type & Year: _____ Auto License #: _____

Name & address of employer during past three years:

Name of person, firm, corporation, or association applicant represents:

Name: _____ Address: _____

Time associated with above firm: _____

Approximate date of the last application for a solicitor permit, if any: _____

Names of the three most recent cities/communities where you have solicited door to door:

Detailed description of subject matter/article for which solicitation is to be made:

Period of time for which certificate is to be applied (one year maximum): _____

Have you ever been convicted of a felony under the laws of this State or any other state or federal law of the United States? _____

If this permit is being requested for a community based non-profit organization, please list below the names (first, middle initial & last names), date of birth, and addresses of all individuals who will be soliciting. (Attach an additional sheet if necessary.)

Name: _____ DOB: _____

Address: _____

Name: _____ DOB: _____

Address: _____

Name: _____ DOB: _____

Address: _____

OATH:

I hereby certify that there are no misrepresentations or falsifications in these statements and answers to questions. I am aware that any misstatements of material facts may cause rejection of my application.

Date: _____

APPLICANT'S SIGNATURE

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OFFICE USE ONLY

APPROVED:

Chief of Police

City Clerk

Card Number Issued: _____

Expiration Date: _____