



## SOLICITATION PERMIT APPLICATION

**Date of Application:** \_\_\_\_\_

**Vendor License Number:** \_\_\_\_\_

*Solicitors registration fee of \$150.00 plus a \$5.00 fee per set of fingerprints is required at the time of application. Upon approval, the applicant will receive a copy of the Town of Whiteland Vendor License and a copy of this application. The Vendor License, copy of the application, and valid photo ID must be carried at all times while performing solicitation activities.*

Applicant Information			
Name of Applicant			
Applicant Address	City	State	ZIP
Primary Phone	Alternate Phone		
Name of Business / Organization			
Business / Organization Address	City	State	ZIP
Business / Organization Primary Phone	Business / Organization Alternate Phone		
Supervisor / Responsible Party Name	Supervisor Primary Phone	Supervisor Alternate Phone	
Supervisor Address	City	State	ZIP

Activity			
Number of People	Type of Goods Soliciting		
Number of Vehicles	Vehicle Description	Plate Number	Issuing State
Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)	
List names & addresses of individuals performing solicitation. (additional pages may be used if necessary)			

**Office Use Only Below:**

*Applicants must provide the following items to be verified by Town representative*

- Copy of Drivers License and / or Photo ID
- Original** Bond (\$500.00 Cash or Surety Bond)
- Copy of Current Registered Retail Merchants Certificate
- Copy of all information that is intended for distribution to the public.
- Original** Criminal History Record from the Indiana State Police within the last 30 days (ISP Request Attached).
- \$150.00 Registration Fee + Fingerprinting Charges



# Request for Limited Adult Criminal History Information

(317) 233-5424

<b>ID Billing Number</b>
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**Please type or print all information**

RECORD CHECK ON:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Last Name</b>													

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Name</b>													<input type="checkbox"/>
													<b>MI</b>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date of Birth MMDDYYYY</b>							

M = Male  
F = Female

<input type="checkbox"/>
<b>Sex</b>

A = Asian / Pacific    I = American Indian / Alaskan  
W = White                B = Black  
U = Unknown            M = Multi Racial

<input type="checkbox"/>
<b>Race</b>

<b>REQUESTER</b>
<input type="checkbox"/> <b>AGENCY</b>
<input type="checkbox"/> <b>SELF</b>
<input type="checkbox"/> <b>ADOPTION</b>

Name
Mailing Address: (where this response will be sent)
City, State, Zip Code
<b>ATTENTION:</b>

( )  
Daytime Phone Number

**Limited Criminal History Information – Reason For Request**  
 The cost is \$7.00. Mark an "X" in one box below for this request.  
 Certified check or money order must be enclosed if request is mailed.  
**Cash will be accepted only in person.** [ Correct Change ]

- (1)  Has applied for employment with a non-criminal justice organization or individual;
- (2)  Has applied for a license and criminal history data as required by law to be provided in connection with the license;
- (3)  Employment with a state or local governmental entity.
- (4)  Is a candidate for public office or a public official;
- (5)  Is in the process of being apprehended by a law enforcement agency;
- (6)  Is placed under arrest for the alleged commission of a crime;
- (7)  Has charged that his rights have been abused repeatedly by criminal justice agencies;
- (8)  Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- (9)  Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
- (10)  Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- (11)  Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
- (12)  Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children;
- (13)  Is being sought by the parent locator service of the Child Support Bureau of the Division of Family and Children;
- (14)  Is or was required to register as a sex and violent offender under IC 5-2-12; or
- (15)  Has been convicted of any of the following:
  - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
  - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
  - (C) Child molesting (IC 35-42-4-3).
  - (D) Child exploitation (IC 35-42-4-4(b)).
  - (E) Possession of child pornography (IC 35-42-4-4(c)).
  - (F) Vicarious sexual gratification (IC 35-42-4-5).

- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

**NO FEE**  
**Mark an "X" in one box below for this request.**

**PER IC 10-13-3-36**

- A.  Program has been in existence for 10 years, and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B.  Home Health Agency (Copy of license has been issued and on file with Indiana State Police).
- C.  Department of Public Welfare Day Care/Foster Home Licensing or license.
- D.  School Corporation, Non-Public School or Special Education Cooperative (Kindergarten through Grade 12).
- E.  Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29.
- F.  Group living facility licensed under IC 12-28-5.
- G.  An area agency on aging designated under IC 12-10-1.
- H.  Community action agency (as defined in IC 12-14-23-2).
- I.  Owner operator of a hospice program licensed under IC 16-25-3.
- J.  Community mental health center (as defined in IC-7-2-38).

**(Before checking above box read the defined Indiana Code)**

**\$10.00 ( ) Mark an (X) here for this request**

**REVIEW CHALLENGE**

Any person may challenge the information contained in the person's **criminal history data file** 10-13-3-31. An individual requesting a **Review Challenge** of their criminal history on themselves may obtain the information two (2) different ways.

1. Request in person – come to our office (address below)
  - a. Must have picture ID, or social security card, or birth certificate.
  - b. \$10.00 cash or money order or certified check.
2. Request by mail – please submit the following:
  - a. This form, or a simple letter requesting, "full criminal history information."
  - b. A complete set of fingerprints taken by a law enforcement agency.
  - c. \$10.00 certified check or money order to State of Indiana (**NO CASH OR PERSONAL CHECKS**).

**WARNING PENALTY FOR MISUSE**

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

**I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.**

\_\_\_\_\_  
**PRINT Name of Requester**

\_\_\_\_\_  
**Signature of Requester**

\_\_\_\_\_  
**Date**

**Certified check or money order only - made payable to the STATE OF INDIANA.**  
Cash will be accepted only if request is in person. "NO" personal checks

Mail request to:  
 Indiana State Police, Central Repository  
 100 North Senate Avenue, Room N302  
 Indianapolis, Indiana 46204-2259