MORRIS POLICE DEPARTMENT SOLICITOR PERMIT APPLICATION NO._____

****IMPORTANT – PLEASE READ****

Per City Ordinance, there is a 10-day waiting period from the time the completed application is submitted and the time of the issuance of a permit. Any person desiring to secure a solicitor's permit shall apply in writing with his/her signature on the form provided and must complete all fields as required. Failure to complete the application in its entirety will result in an immediate denial of your application. <u>A copy of your driver's license must accompany the application along with the \$10.00 application fee.</u>

Date of			Dates Requested			
Application:			to Solicit:			
Last Name:		First:	Ν	Middle Initial:		
Present Address:			City:	State:	Zip:	
Home Phone:			Email Address:			
Employer's Name:						
Employer's Address:			City:	State:	Zip:	
Business Phone:						
Nature of Goods or Services Offered:						
Length of Service With Employer:			Are you with a Crew? Do you Collect a Deposit?	Yes Yes		
Crew Manager's Name:						
Crew Manager's Address:			City:	State:	Zip:	
State License of Auto you are Riding/Driving:			Your Driver's License Number:			
Social Security Number:						
Sex: Height: Race:	Mustache: Yes	eight: No	Hair: Glasses: Yes	Eyes: No		
Date of Birth:	Place of Birtl	1:	Age:			
Have you ever been arrested for *(<i>If yes, give details on revers</i>		* Yes Talse inform	No ation will automatically result	t in refusal of Pe	ermit)	
Permit Issued? Yes	No Da	ates of Solic	itation Permitted:			

FAILURE TO ABIDE BY THE CITY ORDINANCE GUIDELINES MAY RESULT IN REVOCATION OF THE PERMIT, AND ITS FUTURE USE, WITH NO REFUND OF FEES.

SIGNATURE

DATE

WITNESS

DATE