

MORRIS POLICE DEPARTMENT

Solicitor Permit Application

No. _____

Date of Application: _____ Dates Requested to Solicit: _____

Last Name: _____ First: _____ Middle: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ (Attach photo copy of Driver's License)

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? Yes _____ No _____
Do you Collect a Deposit? Yes _____ No _____

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: _____ Weight: _____ Hair: _____ Eyes: _____
Race: _____ Mustache: Yes _____ No _____ Glasses: Yes _____ No _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Have you ever been arrested for any offense? Yes _____ No _____
(If yes, give details on reverse side of this sheet) (False information will automatically result in refusal of Permit)

Permit Issued? Yes _____ No _____ Dates of Solicitation 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.
FALSE STATEMENT IN APPLICATION WILL RESULT IN REFUSAL OR REVOCATION OF PERMIT**

SIGNATURE

DATE

WITNESS

DATE