



Solicitation Permit/Registration - 2024

Permit Number: _____ Today's Date: _____

Name of Applicant: _____ Phone: _____

Permanent Home Address: _____ Local Address: _____

Name of Employer: _____ Address of Employer: _____

Has applicant ever been convicted of a felony: YES NO (circle one)

Solicitation Start Date: _____ Expiration Date of Permit: _____

Product/Service to be sold:

Method of Delivery: _____ Car Make/Model/License#: _____

Statement of approximate location in the Township where the solicitations will take place:

Fill in the information of those soliciting for/with the applicant:

Names of those soliciting	Address	Convicted of a Felony	
		Yes	No
1.		Yes	No
2.		Yes	No
3.		Yes	No
4.		Yes	No
5.		Yes	No
6.		Yes	No

- _____ Copy of Driver's License for Applicant
- _____ Copy of Driver's License for each Solicitor listed
- _____ Copy of Work Badge/ID (if possible)
- _____ \$100.00/per Company for 30 days Fee Paid: Cash _____ Check _____
- _____ Fee Waived (partially exempt persons – Religious, Government and Non-Profit)
- _____ Initial of Authorized Byron Township Employee accepting application