

VILLAGE OF ARCANUM
APPLICATION FOR SOLICITOR'S PERMIT

Name _____
(Last) (First) (Middle)

Permanent Address _____
(Street) (City) (State) (Zip)

Temporary Address (If Different) _____
(Street) (City) (State) (Zip)

Soc. Sec. # _____ Phone: _____ Cell: _____

Birthdate _____ Age _____ Sex _____

Nature of Business: _____

Name of Employer: _____ Phone: _____

Operator's License #: _____ Make of Car: _____

License No _____ Year of Model: _____

I do solemnly swear that the answers given herein are true, correct and complete.

(Signed) (Date)

(Witnessed) (Date)

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Police Check _____ Receipt # _____

Photo ID Copied? Yes / No Permit: (Approved) (Refused)

Date Permit is valid: _____
(5 business days) (Village Employee Signature)