

Name ID # _____

Solicitor/Peddler/Canvasser

Date: _____

SOCIAL SECURITY :

DRIVER LIC#:

NAME: SEX _____ RACE _____ DOB ____/____/____

ALIASES: HGT _____ WGT _____ EYE COLOR _____ HAIR COLOR _____

ADDRESS: H/PH# B/PH#
CITY: STATE: ZIP: PLACE OF BIRTH:

LIST ITEMS TO BE SOLD OR DISTRIBUTED:

LIST OTHER RESIDENTIAL ADDRESSES IN PAST THREE YEARS:

ADDRESS	CITY	STATE	ZIP
ADDRESS	CITY	STATE	ZIP

LIST STATES IN WHICH YOU HAVE POSSESSED DRIVER LICENSES IN THE PAST THREE YEARS:

1. 2. 3. 4.

STATE HOME SOLICITATION PERMIT YES NO

Have you ever been arrested for any, **Misdemeanor, Felony**, or violation of any **Municipal Ordinance**, or issued **A Notice to Appear**, including **Traffic violations**? Traffic record for three years previous to the application. Traffic and Criminal record, only pleas of nolo contendere, convictions, or forfeitures of collateral need to be reported. Parking citations need not be reported.

YES ___ NO ___ IF "YES" list each charge in the space below.

Violations of motor vehicle laws shall not apply, if applicant is not peddling or soliciting directly from a vehicle.

DATE	LOCATION (CITY/STATE)	CHARGE	DISPOSITION

ARE YOU PRESENTLY ON PROBATION AND PAROLE? YES _____ NO _____

I swear the above statements are true and correct on this application. I understand that any false statement shall be grounds for denying this application, and I may be charged with a misdemeanor per §837.06, F.S.S. I further authorize the St. Petersburg Police Department to conduct a multi-agency search of all criminal and traffic records relating to me.

STATE OF FLORIDA COUNTY OF PINELLAS

The forgoing instrument was acknowledged before _____

me _____ by _____
who produced _____ as identification,
and did take an oath, and appeared before me at the time of this
notarization.

Notary Public _____

Signature of Applicant

§837.06, F.S.S.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree.

THIS SECTION MUST BE COMPLETED AND NOTARIZED BEFORE PROCESSING

NAME OF BUSINESS: BUSINESS PHONE:

PERMANENT BUSINESS ADDRESS:

SIGNATURE OF COMPANY OFFICIAL _____ DATE ____/____/____

THIS FEE HAS BEEN SET AT \$44.00