



CITY OF ROCKWOOD

APPLICATION FOR A LICENSE TO SOLICIT

Date: _____

Name: _____ Telephone: _____
(First) (Middle) (Last)

Present Address: _____

Permanent Address: _____

Age: _____ Birth Date: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License Number: _____

Description of the nature of your business: _____

Name of your employer: _____

Address of employer: _____

In what capacity do you serve the company? _____

How long do you plan to work in the City of Rockwood? _____

Dates: From _____ To _____

Hours: From _____ To _____

Will you be working from a vehicle? _____ License Plate # _____

References: 1) Name _____ Address _____ Telephone _____

2) Name _____ Address _____ Telephone _____

3) Name _____ Address _____ Telephone _____

Have you ever been convicted of any crime, misdemeanor or violation of any Municipal Ordinance? _____

If yes, explain _____

I hereby certify that the above answers are correct and true. _____

Signature of Applicant

Investigation warrants: APPROVAL _____ REFUSAL _____ of this application.

Reason: _____

Chief of Police - Signature: _____