HANDBILL DISTRIBUTOR APPLICATION

In addition to the information required on the business license application, the applicant shall truthfully state the following:

Applicants Name:_____ **Applicants Date of Birth**_____

Applicants Current Address:_____

City: _____ **State:** _____ **Zip Code:** _____

How long have you resided at the above address? _____

Telephone Number (include area code): _____

Applicants Business Address: _____

Applicants Business Phone Number:_____

Social Security, Tax ID or FEIN number:_____

Drivers License number:_____

Applicants Address during the past three (3) years, if other than present address:

_____

Name, Address and Phone Number of Employer or whom you represent:

_____

_____

Length of time with Employer or person whom you represent:_____

Please describe, sufficient for identification, the subject matter of the solicitation:

_____

_____

_____

The period of time for which this license is sought:

_____

The date, or approximate date, of any previous application for a license under this chapter for Handbill distribution:

_____

Has a license issued to the applicant, by the City, or any other municipality, ever been revoked? _____**. If yes, explain:** _____

_____

Has the applicant ever been convicted of a violation of any of the provisions of this Chapter, or any other Ordinance of the City, or any other municipality regulating or relating to handbill distribution or soliciting: _____**. If yes, explain:**

_____

_____

Has the applicant ever been convicted of a felony within the preceding ten (10) years, or convicted of a misdemeanor or ordinance violation within the preceding five years, and the nature of each offense:

_____

_____

_____

_____

I hereby state that I have been given a copy of the ordinance governing Handbill Distribution and do understand that this license can be revoked after proper notice and hearing because of any violation.

_____ _____

Date **Signature of Applicant**

POLICE DEPARTMENT_____

COLLECTOR'S OFFICE _____

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