



APPLICATION FOR SOLICITOR'S PERMIT

APPLICATION FEE: \$50.00 (NON-REFUNDABLE)

Applicant's Full Legal Name: _____
Last Name First Name Middle Name

Social Security Number: _____ Place of Birth (City and State): _____

Driver's License Number: _____ State of Issue: _____

Sex: ☐ Male ☐ Female Race: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Permanent Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cellular Telephone: _____ Email Address: _____

Present Local Address: _____

City: _____ State: _____ Zip Code: _____

Name of Company: _____ **Job Title:** _____

Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Length of Employment:** _____

Goods or Service(s) to be sold: _____ **OK Tax ID #:** _____

Dates and time permit is requested to cover: _____

Area(s) of Claremore that you will be working: ☐ Residential ☐ Commercial

Municipalities previously solicited in: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

VEHICLE USED:

Make:_____Model:_____Year:_____Color:_____

License Tag Number:_____State of Issue:_____

Is this vehicle registered in your name? ☐ No ☐ Yes

Name of Registered Owner:_____

Address where vehicle is currently kept:_____

CONVICTIONS:Have you ever been convicted of a felony? ☐ No ☐ Yes Date:_____

Jurisdiction (Place):_____State:_____

Nature of the Felony:_____

Have you ever been charged with a criminal offense, whether as a juvenile or adult, other than traffic offenses?

☐ No ☐ Yes

Please list the date and jurisdictions in which the charge(s) occurred.

<u>Date</u>	<u>Criminal Charge</u>	<u>Jurisdiction</u>	<u>Convicted</u>
_____			<input type="checkbox"/> No <input type="checkbox"/> Yes
_____			<input type="checkbox"/> No <input type="checkbox"/> Yes
_____			<input type="checkbox"/> No <input type="checkbox"/> Yes

I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such omissions or misrepresentations and falsifications, my application will be rejected.

Signature of Applicant:_____Date:_____

POLICE DEPARTMENT USE ONLY

Approved:_____Denied:_____Reason:_____Date:_____

Signature:_____**CITY CLERK'S OFFICE USE ONLY**

Date received:_____Signature:_____