



VILLAGE OF STOCKBRIDGE
Application for Canvassers/Solicitors Permit

Date: \_\_\_\_\_

To: Village Clerk
Village of Stockbridge

Application is hereby made for permission to engage in the business of peddling, soliciting, or canvassing for the present or future sale of goods or services in the Village of Stockbridge in accordance with Code of Ordinances Section 18-25.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Color of Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ [ ] Attached copy of Driver's License

Legal Address: \_\_\_\_\_

Local Address if Different: \_\_\_\_\_

Describe nature of business and goods or services to be sold: \_\_\_\_\_

State name of Employer and address - provide exact relationship \_\_\_\_\_

Length of time, permit to do business is desired: \_\_\_\_\_

If a vehicle is to be used give description and license number:

License \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_

Attach a 2"x2" photograph of yourself, taken within sixty (60) days of this application, which shows head and shoulders

Have you ever been convicted of a crime? [ ] Yes [ ] No If Yes, state the nature of offense, state and county, or city where convicted and punishment or penalty: \_\_\_\_\_

Attach a list of business and personal references. Minimum of 3 each.

I, hereby swear or affirm that all statements made by me on this Application are true and complete to the best of my knowledge. Further, that I understand that willfully withholding information of making false statements on this application will be a basis for rejection of the application or revocation of the permit if issued. Further, I understand any permit tendered to me will be contingent upon the results of a complete character or witness investigation. Further, I agree to abide by the conditions of the Ordinance if a permit is issued

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public this \_\_\_\_ day of \_\_\_\_\_, 200\_\_

Notary Public
My Commission Expires: \_\_\_\_\_

Application Date \_\_\_\_\_ Fee \$ \_\_\_\_\_
Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_
Approval \_\_\_\_\_ Village Manager
Copy [ ] Stockbridge Police Department