CITY OF NOVATO APPLICATION FOR COMMERCIAL SOLICITATION PERMIT

1.	Appli	icant's True Nam	e in Full			Date of Birth			
	Curre	nt Home Address				Phone			
				Driver's License #					
2.	Busin	ness Organization	ı						
	Business Address			Phone					
	Employer's Name		Address		Phone				
BUSIN	ESS O	RGANIZATION	;						
	CORI	PORATION:							
Corpor	Corporation Name		Address		Date/Place of Incorp. State				
	Telep	hone #							
	PART	TNERSHIP (inclu	ding limited partnership):						
		Home Address		Phone					
	ASSC	OCIATION:							
Name			Address			Phone	2		
(Please	attach	proof of authorize	ntion to engage in solicita	tion on the	behalf o	f your employer.)			
3.	Will you (or your agents) solicit or peddle:								
J.	A.	Door-to-door i	n residential areas?	YES		NO			
	B.	In a City park?		YES		NO			
	C.	human consun	uct or substances for aption? opy of Health Department	YES t Certificate	_	NO			
	D.	From any park	ed vehicle, stand or orary structure?	YES		NO			

	Describe the leastions and de-	tog of vour planned callet	tation:					
	Describe the locations and da	tes of your planned solici	tation:					
	List each individual who will solicit under your supervision:							
	<u>Name</u>	Address		<u>Phone</u>				
	(Each of these individuals mus	st obtain separate permits.)					
	Have you ever been convicted of any crime other than a minor traffic infraction? If so, what?							
	Have you ever had a Solicitar YES NO	_	suspended?					
	Description of any motor vehicles used during your solicitation:							
	Year	Model	<u>License #</u>					
	e read and understand the provened).	visions of Section 14-8, 1	5.2-5 and 18-7.20 of the	Novato Municipal Co				
	erstand that this permit is appl			ato and that a permi				
	red from the County Clerk for s	•						
l	•		tion is true and correct.					
<u>.</u>	are under penalty of perjury the	at the foregoing informa						
i	lare under penalty of perjury the	at the foregoing informa	 Date					

NOTE: <u>Non-refundable Permit and Application Fees</u>. You are required to notify the Chief of Police within one day of any changes in the information provided on this application form, including any changes of names, addresses, or phone numbers of any agents.

DEPARTMENT USE ONLY Receipt # **Amount** I. Fees Paid Application for Permit Business License Fee II. Fingerprints Photographs Health Department Certificate N/A Work Permit (under 18 years) N/A Park Permit III. Review for Planning Department: Signature Date Review for Building Department:

Signature

Date