

**CITY OF NOVATO
APPLICATION FOR
COMMERCIAL SOLICITATION PERMIT**

1. Applicant's True Name in Full Date of Birth

Current Home Address Phone

Driver's License # _____

2. Business Organization

Business Address Phone

Employer's Name Address Phone

BUSINESS ORGANIZATION:

CORPORATION:

Corporation Name	Address	Date/Place of Incorp.	State
<hr/>			
Telephone # _____			

PARTNERSHIP (including limited partnership):

Partner(s) True Name	Home Address	Phone
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ASSOCIATION:

Name	Address	Phone
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(Please attach proof of authorization to engage in solicitation on the behalf of your employer.)

3. Will you (or your agents) solicit or peddle:

A. Door-to-door in residential areas?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
B. In a City park?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
C. Any food product or substances for human consumption?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<i>If yes, attach copy of Health Department Certificate.</i>				
D. From any parked vehicle, stand or any other temporary structure?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

