

**VILLAGE OF BEVERLY HILLS
SOLICITING APPLICATION**

Name _____ Date _____

Home Address: _____

City/State/Zip _____

Local Address (if applicable) _____

City/State/Zip _____

Phone _____ Company Phone _____

Company Name _____

Address _____

Vehicle: Year/Model/License Plate # _____

Driver License Number _____

Date of Birth _____ Height _____ Weight _____ Gender _____

Hair Color _____ Eye Color _____ Birth Place _____

Citizenship _____

Type of Solicitation:

Product _____ Membership _____ Donation _____ Other _____

Please give a detailed description of solicitation:

Place where goods are manufactured: _____

Place where goods are stored: _____

Proposed method of delivery: _____

Health Department Permit # (if applicable): _____

Solicitation start date _____ End date _____

Have you ever been convicted of a felony, misdemeanor or violation of any municipal ordinance? Yes _____ No _____ If yes, when _____

What was involved: _____

I, the aforementioned applicant, swear that all statements in this application are true to the best of my knowledge and that I understand the provisions of the applicable ordinances and will endeavor to adhere to these provisions.

Witness _____ Applicant signature _____

Date _____

For Office Use Only

Fee Paid _____

Proof of Charitable Status _____

Organization Verified Yes ___ No ___

Contact person _____ Phone number _____