



PALMDALE

a place to call home

COMMERCIAL SOLICITOR PERMIT APPLICATION

Legal Name of Applicant(s): _____

Business Name if advertised to the public under a name *other than the applicant*: _____

Address: _____

Phone number: _____

Social Security number and Driver's License number (**for each applicant**): _____

If a corporation, the names and addresses of all directors, any stockholder holding ten (10%) percent or more of the shares, and the name and address of an officer who is duly authorized to accept service of legal process: _____

A full description of the intended business activity and, if a new business, the estimated starting date of such business activity: _____

An outline of the method(s) to be used in conducting the solicitation: _____

The time when such solicitation will be made, giving the preferred dates and hour of day for the commencement and termination of the solicitation: _____

If the applicant intends to engage employees to conduct peddling, please list each employee's name, address, telephone number, social security number, and driver's license number: _____

The names of any other cities in which the applicant has engaged in commercial solicitation within the past two (2) years; provided, however, if the applicant has solicited in more than ten (10) other cities. The applicant may then list the ten (10) cities in which the most recent solicitations occurred: _____

The names, addresses and telephone numbers of at least two (2) individuals who may be contacted by the City in case of an emergency: _____

Please submit each applicant's:

- The applicant's Livescan Fingerprinting and photo be taken at City of Palmdale's Human Resources Department.
- LASD License Detail Personal Information form.
- A photocopy of a valid California Driver's License.

I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.

Signature _____ Title _____ Date _____

OFFICE USE ONLY

Received: \$ _____ Date: _____

Receipt: # _____ By: _____

APPROVED ()

DENIED ()

Los Angeles County Sheriff's Department: _____

Signature _____ Date _____

Director of Planning: _____

Signature _____ Date _____

