6000 Heritage Trail, Clayton, CA 94517 (925) 673-7300

CITY OF CLAYTON

SOLICITATION PERMIT APPLICATION FOR INDIVIDUAL

TO BE COMPLETED FOR EACH INDIVIDUAL ENGAGED IN SOLICITATION ACTIVITIES TO BE REVIEWED BY CLAYTON POLICE DEPARTMENT PRIOR TO ISSUANCE

PLEASE PRINT

1. Name of Applicant: _						
LAST		F	FIRST	MIDDLE		
2. Home address:						
	umber	Street	City	State	Zip	
3. Home Phone:()	Business Phone:()					
4. Employer:		Clayton Business License No.				
Address: Number	Street		City	State	Zip	
5. A Brief description	1 of the business	or activity to be co	inducted:			
6. The hours and loca Hours:		* *	•			
 Personal Description: Hair ColorE 	Gender (M/F) _ ye Color	DOB	Height (lbs. DL#	.) Wei	ght (ft./in.) OB	
8. Salespersons Solicit Registration Number number – see section Registration Number: Verified by:	issued by State (77153.1 of Busin	Contractors Board ness & Profession (Code).			
9. Employer without po Yes No_						
10. If a state license is re	equired for busin	ess, list license nur	nber:			
11. Two (2) 2"x3" photo to the filing date of	Ū.		pplicant taken w	vithin sixty (60)) days immediately prior	
I understand that under the permittee is operat permittee would operat	ing in violation	of any law or Cl				

SIGNATURE:

DATE:_____