

LICENSE APPLICATION FOR SOLICITATION-Valid only for six (6) months

1. MUNICIPAL USE ONLY					
Permit Received: / /	When ready: ☐ Email ☐	Call Received	as: 🗌 Walk-in 🔲 Mail		
Application Received by:			☐ Email		
Application Fee (DUE AT SUBMISSIO	<u> </u>				
☐ \$1,200.00 Business PLUS	☐ Cash ☐ Check #	Date	e Received: / /		
Solicitor x indiv	l l				
☐ Each potential solicitor MUST have VALID state ID or driver's license					
PLEASE NOTE: Each BUSINESS must register before they can apply for individual licenses. The BUSINESS					
license is good for six (6) month	s, and all individual licenses	will expire at the	e same time as the BUSINESS		
license. WVT reserves the right to revoke the license(s) if issues should arise.					
2. COMPANY INFORMATION					
Company Name:					
Goods, wares, or merchandise to be peddled or solicited:					
Address/City/State/Zip:					
3. APPLICANT INFORMATION	Email:				
Name: Phone:		ne:			
Title:		-			
POTENTIAL SOLICITOR #1 FOR COM	PANY				
Name:			Date of Birth:		
Email:		Phone	2:		
Permanent address					
Vehicle to be used: Make	Model	Colo	r Year		
Attach copy of VALID Driver's Licens	se or State ID of Applicant:	☐ Attach copy o	f Company ID (to be used to		
□ Driver's License □ State ID make WVT Badge)			• • •		
Have you ever been convicted of any crime: ☐ Yes ☐ No					
If yes, please state the nature of the offense(s) and the punishment(s) imposed:					
Note: upon request, the applicant shall submit to fingerprinting and submit to a photograph					
Potential Solicitor Signature:			Date:		
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POTENTIAL SOLICITOR # FOR COMPANY					
Name:	e of Birth:				
Email:	Phone:				
Permanent address	•				
Vehicle to be used: Make Model	Color	Year			
Attach copy of VALID Driver's License or State ID of Applicant:	Attach copy of VALID Driver's License or State ID of Applicant:				
□ Driver's License □ State ID make WVT Badge)					
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Note that the sound of the soun	it to much stormer	1			
Note: upon request, the applicant shall submit to fingerprinting and submit to financial submit to financial submit to financial submit to financial submit to fi	Data				
Potential Solicitor Signature: Date:					
POTENTIAL SOLICITOR # FOR COMPANY	Date	e of Birth:			
		e OI BIRUN:			
Email:	Phone:				
Permanent address					
Vehicle to be used: Make Model	Color	Year			
Attach copy of VALID Driver's License or State ID of Applicant:	☐ Attach copy of Com	pany ID (to be used to			
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Note: upon request, the applicant shall submit to fingerprinting and submit to a photograph					
Potential Solicitor Signature:	Date:				
POTENTIAL SOLICITOR # FOR COMPANY					
Name:	Date	e of Birth:			
Email:	Phone:				
Permanent address					
Vehicle to be used: Make Model	Color	Year			
Attach copy of VALID Driver's License or State ID of Applicant:					
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