

CITY OF AVON SOLICITATION PERMIT APPLICATION

APPLICANT (photo identification required)			
LAST NAME:		FIRST NAME:	
LOCAL ADDRESS(if applicable):			
CITY:	STATE:	ZIP:	
PHONE# (local/cell):			
PERMANENT ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE#:			
SS # :	LICENSE#:	DATE OF BIRTH:	
SEX:	RACE:	HEIGHT:	WEIGHT:
HAVE YOU EVER BEEN CONVICTED OF A CRIME(other than traffic): YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF SO EXPLAIN:			
PENALTY:			
HAVE YOU EVER HAD A LICENSE ISSUED BY ANY AUTHORITY REVOKED: YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF SO EXPLAIN:			
PENALTY:			
BUSINESS			
NAME OF BUSINESS:			
ADDRESS(if different from permanent address):			
CITY:	STATE:	ZIP:	
PHONE #:			
SOLICITATION ACTIVITY(indicate type of solicitation to be performed):			
LOCATION OF SOLICITATION (specific streets/developments):			
PLACE:	DATE:	TIME:	
PLACE:	DATE:	TIME:	
PLACE:	DATE:	TIME:	
PLACE:	DATE:	TIME:	
PLACE:	DATE:	TIME:	
PLACE:	DATE:	TIME:	
PLACE:	DATE:	TIME:	
VEHICLE			
LICENSE PLATE:		STATE ISSUED:	
YEAR:	MAKE:	MODEL:	COLOR:

APPLICANT SIGNATURE:

DATE:

PERMIT FEE & REVIEW			
DATE CALLED:	ORDINANCE SUPPLIED <input type="checkbox"/>	APPROVED BY:	
	NO KNOCK LIST SUPPLIED <input type="checkbox"/>		
VALID:	EXPIRE:	FEE:	

