

PERSON OR ORGANIZATION SPONSORING ACTIVITY

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____

SOLICITATION INFORMATION

Door to Door Intersection: _____

For Profit Business Tax # _____ Not for Profit Registration # _____

Dates of Solicitation: From _____ To _____

Soliciting for (service or product) _____

Type of Vehicle used _____ Registration _____ State _____

SOLICITOR INFORMATION (EACH SOLICITOR MUST COMPLETE THIS)

NAME: _____

ADDRESS: _____

DATE OF BIRTH _____ SEX _____

DRIVER'S LICENSE NO.: _____ STATE: _____

I HEREBY SWEAR THAT ALL OF THE ABOVE ARE TRUE STATEMENTS TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____

DATE: _____

