

SOLICITOR & PEDDLER APPLICATION SANTA CLARA POLICE DEPARTMENT



601 El Camino Real • Santa Clara • (408) 615-4867

☐ EMPLOYEE

☐ RENEWAL

 \square NEW

Business Name:			
Applicant Information:			
Full Name:			
Last Address:	First	Middle	
Street		Apartment/Unit #	
City Phone #:	State	Zip Code Email Address:	
Date of Birth:		Social Security #:	
Driver's License #:		Driver's License State:	
1) Have you EVER been arrested or convicted of any crime? If YES, please provide the date(s) and nature of offense(s).			
Business Address:			
Si	treet	Apartment/Unit #	
City	State	Zip Code	
Business Phone #:	Bu	Business Email Address:	
Method of Solicitation:	Da	Days and hours of Peddling:	
Services/Items being sold:	Se	Selling Address:	
Employee(s) Information: (All employees must be fingerprinted & have ID card issued from SCPD Permits)			
Name	Address	DOB/Driver's License #	
Name Address DOB/Driver's License # List of Required Documents: CA State Sellers Permit. Fictitious Business Name Valid Driver's License or Work Authorization/Resident Card At the time of appointment, you will need to bring the following: required documents, non-refundable fee. You must obtain a City Business Tax Certificate or pay the renewal fee if one has been previously obtained before the scheduled appointment with the Permits Unit.			
Disclaimer and Signature:			
TO THE BEST OF MY KNOWLEDGE ANI INFORMATION AND CONDUCT AN INVE	D BELIEF. I AUTHORIZE THE CITY OF SESTIGATION INTO THE TRUTH OF THE STAND THAT ANY MISREPRESENTATION	SWERS I HAVE PROVIDED IN THIS APPLICATION ARE TRUE SANTA CLARA, ITS AGENTS AND EMPLOYEES TO SEEK STATEMENTS SET FORTH IN THIS APPLICATION AND MY DNS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS	
Print Name	Signature	DATE	
Date: Fees Paid:	FOR OFFICIAL USE (