

Solicitor / Peddler Application SANTA CLARA POLICE DEPARTMENT

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

| W | □ NEW □ | RENEWAL | ⊠B | USINESS EN | MPLOYEE |
|--|--|---|---|---|--|
| Owner Information | n: | | | | |
| | First | Last | | | Middle |
| Address: | Street | | | | Apartment/Unit # |
| | City | - | State | | Zip Code |
| Phone #: | | | Email Addres | ss: | |
| Date of Birth: | | l | dentification # | # : | |
| Business Name: _ | | | | | |
| | :Street | | | | |
| | Street | | | | Apartment/Unit # |
| City | | | State | | Zip Code |
| Business Phone #: | | | Business Email Address: | | |
| Method of Solicita | tion: | [| Days and Hou | rs of Selling: | |
| Services/Items be | ing Sold: | | | | |
| Selling Address: _ | | | | | |
| Employee(s) Infor | mation: (All employees mu | st be fingerprinted | & have ident | ification card issued fr | rom SCPD) |
| Name | | | Address | | |
| Name | | | Address | | |
| California StaFictious BusirIdentificationSanta Clara CCity Business | Card County Health Permit Tax Certificate | | • | Proof of insurance (\$ \$1,000,000 General insurance) Approved Commissa number and name fo firm) | \$1,000,000 General Liability/ Aggregate/ \$1,000,000 Vehicle ary Contract (Provide the contact or the owner or property management |
| appointment with Disclaimer and Sign I DO HEARBY SO APPLICATION AF AGENTS AND ENSTATEMENTS SE | the Permits Unit. gnature: DLEMNLY SWEAR/AFFIRI RE TRUE TO THE BEST OF IPLOYEES TO SEEK INFO ET FORTH IN THIS APPLI | M THAT THE INFO OF MY KNOWLED ORMATION AND O CATION AND MY | RMATION A GE AND BEL CONDUCT AI QUALIFICAT | ND ANSWERS I HAV IEF. I AUTHORIZE TI N INVESTIGATION IN IONS. I FURTHER U | tificate prior to the scheduled ZE PROVIDED IN THIS HE CITY OF SANTA CLARA, ITS ITO THE TRUTH OF THE INDERSTAND THAT ANY AL OR FUTURE REVOCATION. |
| Print Name | | Signature | | | Date |

| FOR OFFICIAL USE ONLY | | | | | | |
|--------------------------|---------------------|-------------------------|--|--|--|--|
| Date: Fees Paid: _ | Livescan: | CA Sellers Permit: | | | | |
| Vehicle/Cart Inspection: | Insurance Docs: | Health Permit: | | | | |
| Commissary Contract: | Business License #: | Permit Expiration Date: | | | | |
| Approved: | | | | | | |