

CITY OF AUBURN SOLICITATION APPLICATION

For internal use only:
Customer # _____
Date Background Application Mailed to ABI _____

SECTION 1: Solicitor Information

Solicitor Name: _____ Date of Birth _____

Legal Name of Business _____ DBA (if applicable) _____

Physical Location of Business: _____
Street Address City State Zip Code

Phone # _____ Fax # _____ Email: _____

Social Security Number _____ Driver License Number _____ State _____

OWNER/OFFICER INFORMATION *(Attach a separate sheet if necessary)*

Name/Title: _____

Address: _____
Street Address City State Zip Code

Social Security Number: _____ DOB: _____ DL#/STATE: _____

Phone # _____ Fax # _____ Email # _____

Please describe your purpose for soliciting and the method of presentation: _____

Attachments:

- Documentation that applicant is authorized to solicit for organization
- Criminal background history obtained from the Alabama Law Enforcement Agency within the previous 90 days
- Copy of Driver's License or other government issued ID

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I take full responsibility for this application and to comply at all times with and to fully observe all of the provisions of the door-to-door soliciting ordinance, as appears in ordinance no. 2855. I further certify that I will not state, imply, or represent to any person that the issuance of the certificate of registration is an endorsement by the City of Auburn of the product, service, solicitor, or the organization I represent.

Signature/Date of Applicant

Print Name of Applicant

*****ALL SOLICITOR LICENSES MUST BE PICKED UP IN PERSON FROM THE REVENUE OFFICE BY THE NAMED APPLICANT.**

(Chief of Police Signature and Date)

Approved Denied (circle one)

(City Manager Signature and Date)

Approved Denied (circle one)