



CITY OF STATESVILLE SOLICITOR PERMIT APPLICATION FORM

SOLICITOR APPLICANT INDIVIDUAL INFORMATION SECTION

Solicitor Full Name: _____

Solicitor Job Title: _____

Address/City/State/Zip: _____

Phone: _____ Date of Birth: _____

Email: _____

Driver's License/ID #: _____ DL / ID State: _____

Race/Ethnicity: _____ Hair Color: _____ Height: _____

Gender: _____ Eye Color: _____ Weight: _____

Have you ever been convicted of a crime in Court?
(If yes, provide details of each misdemeanor or felony charge/arrest below including approximate dates and the city/state of each charge) Yes No

(Please use the blank page at the end of this application if more room is needed)

EMPLOYER/COMPANY INFORMATION SECTION

Employer/Company Name: _____

Company Address/City/State/Zip: _____

Company Phone: _____ Federal Tax ID #: _____

Supervisor's Name: _____

Supervisor's Phone: _____ Supervisor's Email: _____

Description of Products/Services:

Description & Registration Plates of Vehicles Being Used:

Acknowledgement of Background Screening/Investigation:

I am an applicant for a City of Statesville Solicitor Permit. In order to determine eligibility for such, I understand that the Statesville Police Department must undergo a thorough investigation of my criminal records. It is further understood that the Statesville Police Department must verify my employment and confirm the legitimacy of the above listed business. I understand it is in the public's best interest that all relevant information concerning my criminal history and the validity of the business be disclosed to the Statesville Police Department in consideration of my permit application. I hereby certify that all information provided in my application is true and accurate to the best of my knowledge. Moreover, I hereby release the Statesville Police Department from any civil and criminal liability, and any liability for damages, for seeking and evaluating such information, whether of a privileged or confidential nature, as it relates to my permit request with the City of Statesville.

Acknowledgement of Ordinance:

By signing below, I acknowledge I have read and understood the terms and conditions of Sections 21-25 through 21-35 of the Code of the City of Statesville.

APPLICANT SIGNATURE: _____ DATE: _____

Non-Refundable Fee of \$_____ will be paid at the City Utility Payments Office at 302 S Center Street, and a receipt brought to the Statesville Police Department at the time of application submission. Additionally, a digital ID photo and digital signature will be captured on the Permit ID system and a photocopy of the Applicant's Personal Identification and Employer/Company Identification will be made. Statesville Police Department will conduct a background screening within 15 days, and the applicant will be notified of the approval or denial of this permit application. If approved, a City of Statesville Solicitor's Permit ID Card will be provided to the applicant.

INTERNAL PERMIT PROCESSING LOG & RESULTS

BACKGROUND SCREENING CHECKLIST COMPLETED/ATTACHED ON: _____

PERMIT HAS BEEN: APPROVED DENIED

PERMIT ISSUED ON: _____
(EXPIRES ONE YEAR FROM ISSUE DATE)

PERMIT ISSUED BY: _____
(PRINT & INITIAL)

PERMIT # _____

ADDITIONAL SOLICITOR PERMIT APPLICANT INFORMATION SECTION

A large, empty rectangular box with a thin black border, occupying the majority of the page below the header. It is intended for the applicant to provide additional information related to the solicitor permit application.



CHECKLIST FOR SOLICITOR'S PERMIT APPLICATION



APPLICANT: _____

		COMPLETED BY & DATE
<input type="checkbox"/>	APPLICATION & RECEIPT OF FEE PAYMENT RECEIVED	
<input type="checkbox"/>	PHOTOCOPY OF DRIVERS LICENSE OR ID CARD	
<input type="checkbox"/>	PHOTOCOPY OF EMPLOYER/COMPANY IDENTIFICATION	
<input type="checkbox"/>	DIGITAL PHOTO AND SIGNATURE OF APPLICANT	
<input type="checkbox"/>	CRIMINAL BACKGROUND SCREENING COMPLETED	
<input type="checkbox"/>	EMPLOYER/COMPANY VERIFICATION COMPLETED	

APPROVED

DENIED

ADDITIONAL/MISCELLANEOUS NOTES: