

CITY OF COOLIDGE SOLICITORS APPLICATION

Date:

Applicant's Name:

Driver's License:

DOB:

Company Name and Address:

Name of last three towns in which applicant worked:

Type of Goods, Wares, or Merchandise offered for Sale:

Will payment or deposit be demanded now or billed?:

Period of Time in Which Applicant Intends to Sell or Take Orders in the City?:

Signature

Date:

Background check complete?:

Date:

Signature of officer who completed

Date: