

CITY OF LA VERNE APPLICATION FOR REGULATORY PERMIT FOR PERMIT TO SELL (Door-to-Door Solicitation)

Applicant Information:

Name	9						
Stree	t Address	City		State	Zip Code		
Home	Telephone	C	Cell Telephone	Wor	Work Telephone		
List all other names	you have used or beer	known as: _					
Date of Birth:			Social Security #:				
Driver's License #			State of Issue/Expiration Date				
For the purpose of ic	lentification, please pro	ovide the follow	ng:				
Height	Height Weight		Hair Color Eye Color				
List any other disting	uishing marks (scars,	tattoos, etc.):					
Applicant History:							
pleas of no contest,					nunicipal or county violation action violations. Attach		
Approximate Date	Police Agency	Circumst	ances				

	al offense i	including, but not limit	d of, or are currently under in ed to, violent crimes, sexual		rimes related to solicitation or of controlled substances,			
Yes	No							
Approximate	Date	Police Agency	Circumstances	Circumstances				
Employer: Na	ame			Telephone				
_	Street Add	dress	City	State	Zip Code			
Describe Na	ture of Bu	siness:						
Describe Are	ea of Cont	act:						
Describe Na	ture and A	mount of Equipment	Used in Business:					
I certify, und	er penalty	of perjury, the informa	ation contained in this applic	ation is true, accurate	e and complete.			
			nation requested or failure to icitation permit, and forfeiture					
I hereby auth	norize the	La Verne Police Depa	artment to investigate and co	nfirm the information	listed above.			
Date:			Signati	ure of Applicant				
FILE APPLICA	ATION WIT NCE DEPA	H POLICE CHIEF AT 3 RTMENT AT 3660 "D" S	_	CA 91750. APPROVE	D PERMIT MAY BE PICKED UP			
FEE: \$66.00		FINA	ANCE (909) 596-8716	POLICE	(909) 596-1913			
			FOR CITY USE ONLY					
DATE FILED	WITH POL	ICE CHIEF						
CONDITIONS	::							
DATE APPRO	OVED/DEN	ED	Police C	Chief				
Fee Paid \$		Permit No.		Nata Issued				