EUREKA POLICE DEPARTMENT

EURER

SOLICITORS, CANVASSER OR SIDEWALK SALES POLICE DEPARTMENT CLEARANCE

FOR BUSINESS LICENSES

Name of Firm/Bu	ısiness:		
Description of Bu	usiness:		
Street Address:			
City, State & Zip:			
Manager or Ager	nt:		DOB:
Local Address:			
Phone #:			DL #:
Vehicle:	License Plate:	Color:	Year:
	Make:	Model:	_
Name of Associa Address:			
Driver's License #			
Name of Associa	te/Employee:		
Address:			
Driver's License #	# :		DOB:
Name of Associa	te/Employee:		
Address:			
Driver's License #	# :		DOB:
POLICE DEPARTMENT USE ONLY:		FINANCE DEPARTMENT USE ONLY:	
Date:		Date:	
Checked by:		Business License #:	
Approved by:		Product Peddled/Solicited:	
Rejected by:			