

**APPLICATION FOR SOLICITATION LICENSE PURSUANT TO
ORDINANCE 09-15 CITY OF WESTFIELD**

Name: _____

Address: _____

Date of Birth: _____ SS#: _____

Business Phone: _____ Home Phone: _____ Cell: _____

Company Name: _____ Number of Agents: _____

Attach additional applications for additional agents

Make and Model of Transportation while soliciting: _____

Plate Number: _____ Color of Vehicle: _____

Type of Solicitation: _____

One Day (10): _____ One Week (15): _____

One Month (30): _____ One Year (100): _____

Business References: _____ Personal References: _____

Desired Date of Permit: _____

Applicant has read and agrees to comply with Ordinance 09-15 (attached)

Applicant's Signature: _____ Date: _____

There is a criminal record and background check that can take up to five business days.

Approval of applicant: _____ Date: _____