

**Application for Solicitation License Pursuant to Ordinance 18-09 for the  
City of Westfield**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Make & Model of Transportation while soliciting: \_\_\_\_\_

Plate Number: \_\_\_\_\_ Color of Vehicle \_\_\_\_\_

One Day \$15 \_\_\_\_\_ One Week \$25 \_\_\_\_\_

One Month \$125 \_\_\_\_\_ One Year \$300 \_\_\_\_\_

**Applicant has read and agrees to comply with Ordinance 18-09**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Clerk's Office will have 10 days from date of submittal to approve or deny the application.**