



CONCORD POLICE DEPARTMENT  
**Solicitor Permit Application**

DATE				CONCORD POLICE DEPARTMENT NUMBER			
<b>APPLICANT IDENTIFYING INFORMATION</b> List Personal Information							
NAME OF APPLICANT (Last, First, Middle)					HOME PHONE ( )		BUSINESS PHONE ( )
SOCIAL SECURITY #			DRIVER'S LICENSE # (Attach photocopy)		STATE	DATE OF BIRTH	PLACE OF BIRTH
SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	OTHER NAMES USED (Maiden, etc.)	
<b>DESCRIPTION OF BUSINESS ACTIVITY</b>							
BUSINESS NAME				BUSINESS ADDRESS			
BUSINESS CITY							
SUPERVISOR				BUSINESS PHONE			
DESCRIBE BUSINESS ACTIVITY							
<b>HOURS OF SOLICITATION</b> Sec. 18-452 Ordinance limits hours between 7 p.m. and 9 a.m.							
PLEASE STATE INTENDED HOURS OF SOLICITATION				AREA OF SOLICITATION			
<b>OTHER LICENSES OR PERMITS</b> (List any other permits or licenses required to operation this business)							
Please list any other required Federal, State, or Local permits or attach copies							
<b>CRIMINAL RECORD</b> List all misdemeanor and/or ordinance violations and any felony crimes you have been arrested for and convicted of, other than traffic infractions.							
ORIGINAL ARREST CHARGE		ARRESTING AGENCY		CITY OF ARREST		DATE OF ARREST	
DISPOSITION OF CHARGE <input type="checkbox"/> Convicted <input type="checkbox"/> Other		FINAL CHARGE				DATE OF DISPOSITION	
ORIGINAL ARREST CHARGE		ARRESTING AGENCY		CITY OF ARREST		DATE OF ARREST	
DISPOSITION OF CHARGE <input type="checkbox"/> Convicted <input type="checkbox"/> Other		FINAL CHARGE				DATE OF DISPOSITION (List all additional on back)	
<b>APPLICANT CERTIFICATION</b>							
I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Concord, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted.							
SIGNATURE OF APPLICANT						DATE	
<b>POLICE DEPARTMENT ADMINISTRATIVE USE</b> To be completed by police personnel only							
BUSINESS PERMIT ISSUED (Number)							
APPLICATION <input type="checkbox"/> Accepted <input type="checkbox"/> Denied		REVIEWED BY				DATE	
<b>LIST ADDITIONAL INFORMATION</b>							