



**APPLICATION FOR SOLICITOR'S PERMIT**

APPLICATION FEE: \$50.00 (NON-REFUNDABLE)

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**Applicant's Full Legal Name:** \_\_\_\_\_  
Last Name First Name Middle Name

Social Security Number: \_\_\_\_\_ Place of Birth (City and State): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Present Local Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Name of Company:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

**Goods or Service(s) to be sold:** \_\_\_\_\_ **OK Tax ID #:** \_\_\_\_\_

**Dates and time permit is requested to cover:** \_\_\_\_\_

**Area(s) of Claremore that you will be working:**  Residential  Commercial

**Municipalities previously solicited in:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

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**VEHICLE USED:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Is this vehicle registered in your name?  No  Yes

Name of Registered Owner: \_\_\_\_\_

Address where vehicle is currently kept: \_\_\_\_\_

**CONVICTIONS:**

Have you ever been convicted of a felony?  No  Yes Date: \_\_\_\_\_

Jurisdiction (Place): \_\_\_\_\_ State: \_\_\_\_\_

Nature of the Felony: \_\_\_\_\_

Have you ever been charged with a criminal offense, whether as a juvenile or adult, other than traffic offenses?

No  Yes

Please list the date and jurisdictions in which the charge(s) occurred.

<u>Date</u>	<u>Criminal Charge</u>	<u>Jurisdiction</u>	<u>Convicted</u>	
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such omissions or misrepresentations and falsifications, my application will be rejected.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICE DEPARTMENT USE ONLY**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CITY CLERK'S OFFICE USE ONLY**

Date received: \_\_\_\_\_ Signature: \_\_\_\_\_