

**CLINTON TOWNSHIP OF LENAWEЕ COUNTY**

Solicitor's Application/Permit

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Vehicle Description

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Lic Plate: \_\_\_\_\_ Color: \_\_\_\_\_

Driver's License NO. (Copy required) \_\_\_\_\_

Period for which this permit will be required:

From: \_\_\_\_\_ To: \_\_\_\_\_

What product will you be selling? \_\_\_\_\_

COMPANY INFORMATION:

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Solicitor's Fee:

Application Fee \$15 (non-refundable)

Daily \$5                       Weekly \$15

Monthly \$45                       Annual \$85

I attest that the information in this application is true and accurate.

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

Township Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_