

## SOLICITOR, CANVASSER And PEDDLER REGISTRATION

## ALEXANDRIA POLICE DEPARTMENT

## APPLICANT – PLEASE READ

Do not apply unless you can provide proper personal identification. You must have at least one of the following: 1. Current driver's license; 2. DMV State ID card. You may not use a company ID card. If you are not a local City resident, you will also need to provide proof of address to show where you are staying while doing business in the City.

If you apply and cannot furnish the required identification, no permit will be issued and your application fee will be forfeited.

City code section 9-10-29 states that every applicant shall file a surety bond in the amount of \$1,000.00 with a corporate surety licensed to do business in the state, conditioned that the applicant shall comply fully with all provisions of the city concerning the business of peddling, soliciting, or canvassing.

1. Name:			Social Security #:			
2. Home Address:			Telephone #:			
3. Local Address:			Telephone #:			
4. Permanent Business Address:			Telephone #:			
5. Local Business Address:			Telephone #:			
6. Sex:	Race:	DOB:	Hgt:	Wgt:	Place of Birth:	
7. Name of Employer:						
8. Address of Employer:						
9. Nature of Business:						
10. Goods/Services to be Sold/Performed:						
11. How long do you intend to do business in Alexandria?						
12. Will you use a vehicle in your work? Circle: YES NO (If yes, complete #13 through #14)						
13. Make of Vehicle:		Type of Vehicle:	Color of Vehic	Color of Vehicle: Vehicle		
14. License #:		State:	Operator's Per	Operator's Permit #:		

15. Where are the products you products	opose to sell manufactured?
16. Where are the goods presently	located?
17. How will the goods be delivered	l after sale?
	of any crime, felony, misdemeanor, or violation of a municipal ordinance
excluding traffic violations, parking	
	ate of conviction, place of conviction, and disposition of the case (including
penalty).	
Comments by Applicant:	
20. Names of (2) names of (not veloti	ives) who will contify as to your good shows tou
1. Name:	ives) who will certify as to your good character:  Phone #:
2. Name:	Phone #:
Z. Manc.	I HOILE #1.
I do swear that the information	I have given on this application is correct and complete and that
falsification or omission is gro	unds for denial of my certificate.
Applicant's Signature:	Date:
F	OR POLICE DEPARTMENT USE ONLY
Fingerprinted by:	
I ingerprinted by:	
Photographed by:	
Identification Used:	
Credentials Checked By:	
Receipt Checked By:	
Bond Checked By:	
Bond Co. Name and Address:	
Bolid Co. Name and Address.	
Officer Comments:	
APPROVAL DATE:	DISAPPROVAL DATE: