

**Fee: \$60.00**

**TOWN OF SUPERIOR**  
**APPLICATION FOR SOLICITATION PERMIT**

Applicant's Full Name: \_\_\_\_\_

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

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

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

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

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Description of Applicant: Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issuance \_\_\_\_\_

Operator \_\_\_\_\_ Chauffeur \_\_\_\_\_ (check all that apply)

A brief explanation of the nature of the solicitation activity: \_\_\_\_\_

\_\_\_\_\_

Have you, within the past 5 years, been convicted of a felony for crimes against the person or property of another? Yes \_\_\_ No \_\_\_

Have you, within the past 5 years, been institutionalized for any mental illness which caused acts of violence against the person or property of another? Yes \_\_\_ No \_\_\_

Have you ever been convicted for any crime committed while engaged in solicitation in the Town of Superior? Yes \_\_\_ No \_\_\_

For any "Yes" response above, please provide an explanation including dates, description, jurisdiction in which you were convicted, and if applicable, the location and dates of institutionalization.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant hereby affirms that the information contained in this application is true and correct and that he/she is familiar with Article III, Chapter 6 of the Superior Municipal Code regulating solicitation in the Town of Superior.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

The foregoing instrument was subscribed, sworn to and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.  
(Applicant's name)

My commission expires:

(S E A L)

\_\_\_\_\_  
Notary Public

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**OFFICE USE ONLY**

License No. \_\_\_\_\_

Fee Paid \_\_\_\_\_

Issued From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Patricia Leyva, Town Clerk

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

