



San Ramon Police Department
2401 Crow Canyon Road
San Ramon, CA 94583
Ph: (925) 973-2700
Fax: (925) 838-2925

SOLICITOR'S PERMIT APPLICATION

PERSONAL INFORMATION

Full Name of Applicant: _____
 Aliases Used: _____
 Permanent Home Address of Applicant: _____
 Temporary/Local Address (if applicable): _____
 Home Phone: _____ Cell Phone: _____

PHYSICAL DESCRIPTION OF APPLICANT

Height _____ Weight _____ Eyes _____ Hair _____ Sex _____ Race _____
 Date of Birth _____ Place of Birth _____
 Driver's License # _____ Social Security # _____

BUSINESS INFORMATION

Business Name: _____
 Description of the nature of business: _____
 Address: _____
 Phone: _____ Fax: _____
 Supervisor Name & Phone: _____
 Items or Services to be sold or solicited: _____

PERMIT EXPIRATION

Length of time for which the right to conduct activity is desired:
 FROM: _____ TO: _____

VEHICLE INFORMATION

Make/Model: _____ Year: _____

License Plate #: _____ Color: _____

PERSONAL BACKGROUND INFORMATION

State previous occupation and address for seven years immediately preceding date of application:

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

Occupation _____ From: _____ To: _____

Business Name _____ City _____

List seven previous residential addresses immediately prior to present residential address:

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

CRIMINAL OFFENSE INFORMATION

Have you ever been arrested; convicted of a criminal offense; in violation of a municipal ordinance; or have criminal charges pending against you? Yes____ No_____

If yes, please indicate the approximate date, location, charges, and disposition of each offense:

<u>Date</u>	<u>Location</u>	<u>Offense</u>	<u>Citation/Convicted/Pending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a Solicitor's Permit to in any other area?

Yes_____ Where? _____
No_____

Have you ever been denied a Solicitor's Permit? Yes_____ No_____

If yes, where? _____

Please explain: _____

Has your Solicitor's Permit ever been revoked or suspended? If yes, please explain:

Have you failed to pay any judgment arising from or connected with soliciting activities?

Yes_____ No_____

If yes, please explain: _____

Have you ever been contacted by law enforcement for soliciting without a permit?

Yes_____ No_____

If yes, where? _____

I give my written authorization to the City or its agents to seek information and conduct an investigation into the truth of the statements set forth in my application. _____ (initials)

Signature of Applicant: _____

Date: _____

THE FOLLOWING MUST BE PROVIDED BY ALL APPLICANTS:

- Proof that applicant is over the age of 18 years and possess documentation that applicant has a lawful right to work in the United States.
- Credentials establishing the exact relationship between the applicant and employer
- Fingerprints of applicant. (Rolling fee-\$30/resident, \$50/non-resident; DOJ fee-\$32)
- \$5.00 application fee
- \$5,000 liability insurance policy or bond – each applicant

FOR OFFICE USE ONLY:

DMV _____ CII _____ SRPD _____ FEES PAID _____