

LAFAYETTE POLICE DEPARTMENT SOLICITOR PERMIT APPLICATION

DATE:			LAFAYETTE POLICE DEPARTMENT				
APPLICANT IDENTIFYING INFORMATION List Personal Information							
NAME OF APPLICANT (Last, First, Middle)				HOM (E PHONE	BUSINESS PHONE	
PERMANENT HOME ADDRESS							
PRESENT TEMPORARY ADDRESS							
MAKE OF VEHICLE	MODEL	COLOR	LICE	NSE NUMBER	STATE	YEAR	
	DRIVERS'S LICE (Attach photocopy)	ENSE #	STATE	DATE OF BIR	L RTH	PLACE OF BIRTH	
SEX RACE HEIGHT	WEIGHT HAIR	EYES	OTHER NA	AMES USED (M	laiden etc)		
	DESCR	RIPTION OF BU	SINESS AC	TIVITY			
BUSINESS NAME			BUSINESS ADDRESSS				
BUSINESS CITY							
SUPERVISOR							
DESCRIBE BUSINESS ACTIVITY							
LIST THE KIND OF GOODS OFFERED FOR SALE OR THE TYPE OF SERVICE(S) TO BE PERFORMED:							
LECT THE DESCRIPTION OF THE PITE OF SERVICE(S) TO BETER ORIVED.							
LENGTH OF TIME YOU HAVE ENGAGED IN SUCH BUSINESS AND THE DATES AND PLACES DURING THE PRECEDING FIVE YEARS YOU HAVE ENGAGED IN SUCH BUSINESS:							
TITE TEAMS TOO INTELLIGITOED IN SECTIONINGS.							
CITY OF LAFAYETTE HOURS OF SOLICITATION ONLY BETWEEN 9:00AM AND 6:00PM							
PLEASE STATE INTENTED HO	AREA OF	SOLICITATION	I				
OTHER LICENSE OR PERMITS (List any other permits or license required to operate this business)							
Please list any other required Federal, State, or Local permits or attach copies							
HAS THE BUSINESS YOU WILL PEDDLING OR SOLICITING FOR EVER BEEN FOUND TO HAVE ENGAGED IN FRAUDULENT BUSINESS PRACTICES?							



SOLICITOR PERMIT APPLICATION CONTINUED

CRIMINAL RECORD

List all misdemeanor and/or ordinance violations and any felony crime you have been arrested for and convicted of, other than traffic infractions. Including any misdemeanor involving theft, violence, drugs, crimes of a sexual nature or acts of trespassing nature. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution.

revocation of my permit, and may su		osecution.	record, is grounds for denial or				
ORIGINAL ARREST CHARGE	ARRESTING AGEN		DATE OF ARREST				
DISPOSITION OF SUAPSE	EDIAL CHARGE		DATE OF DISPOSITION				
DISPOSITION OF CHARGE	FINAL CHARGE		DATE OF DISPOSITION				
ODICINAL ADDEST CHARGE	ADDECTING ACEN	OV.	CITY OF ARREST				
ORIGINAL ARREST CHARGE	ARRESTING AGENCY		CITT OF ARREST				
DISPOSITION OF CHARGE	FINAL CHARGE	DATE OF DISPOSITION					
			(List all additional on back)				
List additional charges:							
APPLICANT CERTIFICATION I hereby certify, under the penalty or perjury, that the information given is true and correct. I understand that providing false							
information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Lafayette, its agents and employees to seek verification of the							
information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been							
granted. SIGNATURE OF APPLICANT			DATE				
POLICE DEPARTMENT ADMINISTRATIVE USE ONLY							
To be completed by police personnel only							
BUSINESS PERMIT ISSUED (Number)							
FEE \$25.00 □ PAID							
APPLICATION	REV	VIEWED BY	DATE				
☐ Accepted ☐ Denied							
LIST ADDITIONAL INFORMATION							