

**CITY OF BRUNSWICK DIVISION OF POLICE
SOLICITING APPLICATION
CHAPTER 836 OF THE CODIFIED ORDINANCES OF THE CITY OF BRUNSWICK**

NAME:		CITY:	
ADDRESS:		STATE AND ZIP:	
HOME PHONE: ()		CELL PHONE: ()	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	O/L NUMBER:	
SEX:	HGT:	WGT:	HAIR: EYES:
MAKE/MODEL OF VEHICLE:		VEHICLE LICENSE NUMBER:	
NAME OF COMPANY:		PHONE: ()	
ADDRESS OF COMPANY:			
TAX IDENTIFICATION NUMBER OF EMPLOYER:		APPLICANT'S LENGTH OF SERVICE FOR WHOM HE/SHE IS SOLICITING:	
GIVE BRIEF DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD:			
ALL PLACES OF RESIDENCE WITHIN THE ONE PREVIOUS YEAR:			
ALL PLACES OF EMPLOYMENT WITHIN THE ONE PREVIOUS YEAR:			
PLEASE GIVE NAME, ADDRESS, AND PHONE OF TWO REFERENCES:			
NAME:	ADDRESS:		PHONE:
NAME:	ADDRESS:		PHONE:
PHOTO	HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC OFFENSES?		YES: NO:
	DATE AND NAME OF OFFENSE(S):		
	EXPLANATION:		
	SIGNATURE:		DATE:
I SWEAR THAT THE ABOVE STATEMENTS ARE TRUE. I FULLY UNDERSTAND THAT ANY FALSE STATEMENTS SHALL BE CAUSE FOR DENIAL OF APPLICATION OR REVOCATION OF PERMIT.		DO NOT WRITE IN THIS SPACE Proof of ID: _____ Approving Officer: _____ Result of Record Check: _____	