

APPLICATION FOR DOOR TO DOOR SOLICITATION

Name of Applicant _____
(Last) (First) (Middle)

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Date of Birth ____/____/____ Age ____ Place of Birth _____

Social Security Number ____-____-____ Telephone Number _____
The Social Security Number is collected for purpose of background checks.

Driver License Number _____ State of Issuance _____

Sex ____ Race ____ Height ____ Weight ____ Eyes ____ Hair ____

Permanent Residence Address _____

Local Residence Address _____

Occupational License Number _____ Issued by _____ Date _____

Name of Applicant's Employer _____

Address of Applicant's Employer _____

Have you ever pled guilty, Nolo Contendere to any crime or been convicted of a crime ? Yes ____ No ____

If yes, what was the nature of the offense ? _____

What was the disposition ? _____

Certificate of Applicant
(Read carefully before signing)

I hereby certify that the answers given to the above questions and all statements in this application are true and I agree and understand that any misstatement of material fact contained in this application may be sufficient cause for refusal to consider the approval of said application and cause forfeiture on my part of all rights to apply for future permits.

I also authorize the Clerk of the Circuit Court, Volusia County, Florida and/or a Deputy Clerk, to submit this sworn application and a finger print card to the Florida Department of Law Enforcement for a criminal background investigation.

SWORN TO AND SUBSCRIBED before me
this ____ day of _____, _____.

Signature of Applicant



LAURA E. ROTH
CLERK OF THE CIRCUIT COURT

By: _____
Deputy Clerk