

TOWN OF PALM BEACH SHORES
247 Edwards Lane
Palm Beach Shores, Florida 33404
(561) 844-3457

APPLICATION FOR SOLICITOR PERMIT

All information must be printed or typed.

APPLICATION NO.: _____

SUBMITTAL DATE: _____

APPLICANT INFORMATION:

YOU MUST PROVIDE THE FOLLOWING INFORMATION FOR ALL APPLICANTS:

Attach additional names and addresses of all participants.

- (1) Name _____ Age _____ ???
Permanent Home Address _____
Phone No. _____ Fax No. _____
Local Address _____
Phone No. _____ Fax No. _____

EMPLOYER INFORMATION:

Name of Employer _____
Contact Person _____
Permanent Home Address _____
Phone No. _____ Fax No. _____

IF YOU ARE REPRESENTING A CHARITY OR NON PROFIT ORGANIZATION PLEASE PROVIDE THE FOLLOWING:

Name of Charity or Non Profit Organization _____
Contact Person _____
Mailing Address _____
Phone No. _____ Fax No. _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS, CHARITY OR NON PROFIT ORGANIZATION AND THE GOODS TO BE SOLD OR THE PURPOSE FOR WHICH THE FUNDS ARE TO BE COLLECTED:

PLEASE SELECT THE TYPE OF LICENSE:

30 DAY - \$50.00

1 YEAR - \$300.00

IF A VEHICLE IS TO BE USED PLEASE PROVIDE THE FOLLOWING INFORMATION:

Color: _____ Make: _____ Model: _____ License Tag Number: _____

APPLICANT'S AFFIDAVIT

I (We), _____, affirm and certify that I (We) understand and hereby consent to comply with all provisions and regulations of the Town of Palm Beach Shores, Florida.

Signature of Affiant/Applicant

Signature of Affiant/Applicant

THE STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ / _____, who is personally known by me or who produced a Florida driver's license as identification and who did/did not take an oath.

NOTARY PUBLIC
State of Florida
(Seal)

-----FOR OFFICIAL USE ONLY-----

Date Received _____ Fee _____

Authorized Signature

Date of Approval