

APPLICATION FOR SOLICITATION PERMIT

Date: _____ Application Number: S _____

Fee: \$50 (1 Application for each Company) Exempt

Business/Organization Name: _____

Address: _____ City _____ State _____ Zip _____

Business Phone # _____ Cellphone # _____ Fax # _____

Contract Information: _____ Date of Birth _____

Number of Vehicles: _____ Number of Solicitors: _____ (If more than 1 list on back of this form)

Solicitors Drivers License #: _____

Make of Vehicle _____ License Plate # _____

Type of merchandise of publication to be solicited in Marathon Township _____

Dates solicitor (s) to be in the Township of Marathon: Start: _____ End: _____

*If a license is not required, what are you selling or collecting: _____

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Marathon Township Ordinance No. 2014-1, Solicitation Ordinance, and I agree to operate this business in accordance with all Federal, State, and Local laws, ordinances, rules, and regulations.

Applicants Signature Date _____

Approved

Denied By: _____ Date _____

ALL SOLICITORS MUST CARRY A COPY OF THIS APPLICATION WITH THEM AND MUST WEAR THE LANYARD SO IT CAN BE SEEN, WHILE SOLICITING IN THE TOWNSHIP OF MARATHON.