

SOLICITOR APPLICATION FOR THE CITY OF IRRIGON

Received: _____

Application Fee: \$ _____

License Fee: _____

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

(1) PERSONAL INFORMATION

* FIRST NAME			* MIDDLE INITIAL	* LAST NAME		
* PERMANENT HOME ADDRESS			* FULL LOCAL ADDRESS			
* CITY	* STATE	* ZIP	* CITY	* STATE	* ZIP	
* HOME PHONE			* CELL PHONE			
EMAIL ADDRESS			WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL <input type="checkbox"/> PAPER <input type="checkbox"/> PHONE			
* DATE OF BIRTH			* PLACE OF BIRTH (City and State)			
* SOCIAL SECURITY NUMBER						

The purpose of the following questions is to provide us with needed information to evaluate our approval process.

*** (2) DRIVER'S LICENSE / VEHICLE INFORMATION**

* DO YOU HAVE A VALID LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	* STATE WHERE ISSUED	CLASS
# _____ EXPIRATION DATE: _____		
* Make / Model and License Number of all vehicles to be used:		

*** (3) PASSPORT/VISA**

* Country of Origin	* Document Number	* Date Issued	* Expiration Date
* Student Visa YES <input type="checkbox"/> NO <input type="checkbox"/>	* Work Visa YES <input type="checkbox"/> NO <input type="checkbox"/>	* Tourist Visa YES <input type="checkbox"/> NO <input type="checkbox"/>	

*** (4) PRESENT EMPLOYER (ORGANIZATION)**

* DATES From _____ To _____	* ORGANIZATION/BUSINESS	POSITION TITLE
ADDRESS	CITY	STATE
* SUPERVISOR (NAME & TITLE)	* PHONE NUMBER	COMPANY WEBSITE

*** (5) A BRIEF DESCRIPTION OF THE BUSINESS AND GOODS TO BE SOLD**

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*** (6) ADDITIONAL INFORMATION**

* 1. FACTORY ADDRESS AND WAREHOUSE LOCATION USED TO STORE AND/OR MANUFACTURE ITEMS OFFERED FOR SALE.

* 2. LENGTH OF TIME DESIRED TO DO BUSINESS IN THE CITY OF IRRIGON (HOW LONG DO YOU PLAN TO SOLICIT/CANVASS)?

* 3. IN ADDITION TO THE "OTHER NAME" YOU MAY HAVE ALREADY PROVIDED, ARE THERE ADDITIONAL NAMES YOU HAVE WORKED OR ATTEND SCHOOL UNDER? IF SO, UNDER WHAT NAME(S)? IF YOU HAVE NEVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME, PLEASE ENTER "NA."

NA

* 4. HAVE YOU EVER BEEN CONVICTED OF A CRIME, MISDEMEANOR, OR VIOLATION OF STATE, FEDERAL OR LOCAL LAW

YES

NO

IF YOU ANSWERED, "YES," PLEASE EXPLAIN, INCLUDING DATE(S) OF YOUR CONVICTION(S).

* 5. ATTENDING COLLEGE? YES NO IF YES, WHERE _____

* 6. SPECIFY WHY YOU ARE WORKING IN THE AREA.

(7) SIGNATURE

I hereby certify that I understand that I will have to produce documentation verifying identity and eligibility in the U.S. and Irrigon. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of service.

I understand that an in-depth background check may be conducted prior to approval. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine approval of this application for permit.

I authorize representatives of the City of Irrigon to perform such investigation and contact the employer listed in this application (or otherwise provided by me). I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if approved I must then pay the required license fee and abide by the City of Irrigon's Code. I also understand that this completed application is the property of the City of Irrigon and will not be returned.

I have read and understand the above information.

X _____
SIGNATURE OF APPLICANT

DATE