

CITY OF GEORGETOWN
SOLICITOR PERMIT APPLICATION

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number(s) Cell: _____ Other: _____

Doing Business as: _____

Applicant's Date of Birth: _____

Corporation or Organization Name (if applicable): _____

Corp./Organization Address: _____

Corp./Organization Phone Numbers: _____

Corp./Organization Officers, Titles, Addresses (if applicable): _____

Goods or service to be sold or contracted for: _____

Soliciting date: _____

Manner of contacting customers: _____

Customers to be contacted: _____

Comments: _____

Applicant's Signature: _____ Date: _____

(for office use)

Amount of fee paid _____ Date: _____

Approved _____ Date: _____

Denied _____ Date _____

Reason _____

License Fee: \$50.00 per application

A separate application shall be made for each individual