INFORMATION TO ASSIST YOU IN COMPLETING YOUR APPLICATION FOR
PEDDLER OR SOLICITOR LICENSE

The attached application must be filled out completely and legibly by the applicant.

False information supplied shall deem this application void.

Two (2) types of identification are required - one must be a photo I.D. (copy of driver’s license, State I.D., passport) and one other form of identification (Social Security card, credit card, bank card).

A non-refundable fee of thirty-five dollars ($35.00) shall be submitted with this application.

The application may take ±14 working days to be reviewed (for background check to be completed by Law Department and to be reviewed/approved by the Lakewood Police Department). You will be notified by telephone of the outcome and be asked to pick up the approved/issued license in the Building Department.

Along with the license, you will be given a copy of the 2012 City of Lakewood “DO-NOT-KNOCK-REGISTRY”. No solicitors or peddlers, unless invited, shall call at the addresses listed on the DO-NOT-KNOCK-REGISTRY” or at any residence, house, apartment or other dwelling in the City of Lakewood upon which there is posted at the entrance a notice which reads “No Peddlers or Solicitors Allowed” or words of similar import. Violating this order is punishable with license revocation and criminal action. (Ord. 04-11)
APPLICATION FOR PEDDLER, VENDOR AND SOLICITOR LICENSE

PLEASE PRINT LEGIBLY

1. Applicant’s Full Name ___________________________________________ 2. Date of Birth __________________

3. Applicant Description:
   Age ________ Male ________ Female ________ Race ____________
   Weight ________ Height ________ Eyes ________ Hair ____________

4. Social Security Number __________________________________________

5. Permanent Home Address __________________________________________

6. Local Home Address __________________________________________

7. Home Phone ____________________________ 8. Business Phone ____________________________

9. Applicant is presently soliciting for:
   Name __________________________________________________________
   Address _________________________________________________________

10. List whom you have solicited for in the past three (3) years:
    Name __________________________________________________________
    Address _________________________________________________________
    Name __________________________________________________________
    Address _________________________________________________________
    Name __________________________________________________________
    Address _________________________________________________________

11. Describe the nature of the business and the goods you solicit:
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________

12. Dates, times and routes to be followed while soliciting:
    Dates  Upon license approval through six (6) months from date of issuance
    Times  Hours of solicitation limited to 9:00 a.m. to the earlier of 8:00 p.m. or sunset –
           Monday through Saturday only (NO SUNDAYS OR LEGAL HOLIDAYS)
    Routes  Throughout the City of Lakewood
13. Have you ever been denied a license or permit to solicit?    Yes ______  No ______

14. If answer to question 13 is “Yes”, provide the following information:
   Date of Denial __________________________ Place of Denial __________________________
   Reason of Denial __________________________

15. Have you ever had a license or permit to solicit revoked?    Yes ______  No ______

16. If the answer to question 15 is “Yes”, provide the following information:
   Date revoked __________________________ Place revoked __________________________
   Reason revoked __________________________

17. Have you ever been convicted of a crime, other than traffic offenses?   Yes ______  No ______

18. If the answer to question 17 is “Yes”, provide the following information:
   Date of conviction __________________________ Place of conviction __________________________
   Nature of offense __________________________ Penalty imposed __________________________

*NOTE: Please provide additional convictions on the reverse side or on a separate sheet of paper.

I hereby authorize the City of Lakewood to conduct a police record check of my background, and I release the City of Lakewood from any liability for damages arising from information obtained from said record check.

A non-refundable fee of thirty-five dollars ($35.00) shall be submitted with this application.

Signature of Applicant ___________________________________________ Date ________________

Two (2) types of I. D. shown:
______________________________________________________________
______________________________________________________________

Driver's License expiration date: __________________________

This SOLICITOR license expires SIX MONTHS FROM DATE OF ISSUE

ROUTED TO LAW DEPARTMENT FOR BACKGROUND CHECK:
(Please forward to Police Chief for approval after background check is completed)

CHIEF OF POLICE __________________________ DATE

Approved __________________________

Disapproved __________________________

SIGNATURE __________________________

Date Issued: __________________________ Exp. Date: __________________________

“DO-NOT-KNOCK REGISTRY” PROVIDED TO SOLICITOR BY __________________________

(REVISED 9/19/16)