



The CITY OF PARIS

APPLICATION FOR SOLICITORS-HANDBILL DISTRIBUTION

ITINERANT-TEMPORARY VENDOR

Permit Number: _____

Total Fees Due: _____

Type of Application: Solicitor Handbill Itinerant Vendor Temporary Vendor

Please Read Carefully: Please complete this application in full. Any application which lacks necessary information or which is incomplete in any way will be denied; however, you are not precluded from filing a subsequent application. If more space is needed to answer a question than is provided on the application form, please attach an additional sheet, or sheets, and number the answers accordingly.

Please print clearly.

Name of Applicant: _____

Address & Phone Number: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Provide the following information in full:

Goods/Merchandise to be sold: _____

Date(s) on which distribution will take place: _____

Complete the attached form listing all agents or employees for whom identification cards are to be issued.

Has any individual listed in this application ever been arrested or convicted for anything other than a minor traffic violation? Yes _____ No _____

If you answered yes, give details including name, type of offense, date, city, and state of offense.

ATTACHMENT TO THE DISTRIBUTION APPLICATION

List all agents or employees for whom identification cards are to be issued. Identification cards are non-transferable.

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____