

**CITY OF SOLEDAD/POLICE DEPARTMENT  
POST OFFICE BOX 606  
SOLEDAD, CALIFORNIA 93960**

**(CITY LIC. \$61.00)  
(FINGERPRINTS \$35.00)  
PHONE 678-1332**

**APPLICATION FOR  
SOLICITORS, PEDDLER, AND TRANSIENT VENDORS LICENSE**

Pursuant to Chapter 5.04 of the City of Soledad's Municipal Code the following information must be provided so that a permit can be reviewed for an application for a Solicitors, Peddlers and Transient Vendor License. PLEASE PRINT OR TYPE IN INFORMATION

**COMPANY INFORMATION**

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OR SUPERVISOR: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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**INDIVIDUAL INFORMATION:**

INDIVIDUALS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

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**PHYSICAL DESCRIPTION:**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

DISTINGUISHING MARKS: (SCARS & TATTOOS)

**CITY INFORMATION:**

APPLICATION RECEIVED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

APPROVED DATE: \_\_\_\_\_ BY: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_