

CITY OF LACON
APPLICATION FOR REGISTRATION AS SOLICITOR

DATE: _____

NAME: _____

HOME ADDRESS: _____ PHONE: _____

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE: _____

NAME ON VEHICLE: _____

NATURE OF GOODS OFFERED: _____

LICENSE PLATE NOS. OF VEHICLES USED: _____

LENGTH OF TIME YOU INTEND TO BE IN THE CITY OF LACON: _____

COPY OF DRIVERS LICENSE: