

## WEST SALEM POLICE DEPARTMENT 175 S. LEONARD ST., WEST SALEM, WI 54669

(608) 786-0407 FAX: (608) 786-3359

WWW.WESTSALEMPOLICE.ORG

## APPLICATION FOR SOLICITOR'S PERMIT

DATE OF APPLICATION:			PERMIT EXPIRATION:				
NAME:(Print clearly)	FIRST	MIDDLE		LAST			
Date of Birth:		D	Driver's License Issued from state?				
Permanent Addr	ess:						
Permanent Telep	phone:	Age:	Height:	Weight:			
Hair Color:	Eye Color: _						
· -		or corporation associate					
Temporary addre	ess & telephone # 1	from which business w	ill be conducted:				
		-		and any services offered:			
		le used by applicant to					
		exceed three (3) where		eted similar business:			
Name, address &	telephone # wher	e applicant can be con	tacted for at least	seven			
(7) days after leav	ving West Salem:						
Has applicant eve	er been convicted o	of any crime or ordinar	nce violation relat	ed to applicant's transient m	erchant		
business within th	ne last five (5) years	sP	_				

If Yes, nature of offense and city	of conviction:	
Has applicant ever been convicted	d of any crime or ordinance violation?	
If Yes, year occurred, nature of o	ffense and city/village & state of conviction:	
identification, state certificate of e business requires use of weighing certificate to state that applicant is to date of application.  A fee of \$25.00 shall be paid in a	age administrator for examination: Driver's examination and approval from sealer of weigh and measuring devices approved by state autoapparently free from any contagious diseased dvance to the administration to cover the compplication subject to restrictions as stated in	ghts and measures where applicant's athorities, a state health officer's e, dated not more than 90 days prior st of processing said registration,
Copy of ordinance to be given to  ** Fee is non-refundable even if	applicant for his/her information.  application is denied.**	
	Signature of Applicant	Date