



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: _____ Driver's License Issued from state? _____

Permanent Address: _____

Permanent Telephone: _____ Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Name of firm, person, association or corporation associated with:

Temporary address & telephone # from which business will be conducted:

Nature of business to be conducted and brief description of goods offered, and any services offered:

Proposed method of delivery of goods: (i.e. foot/bike/vehicle) _____

Make, model and license # of vehicle used by applicant to conduct his/her business:

Last cities, villages or towns, not to exceed three (3) where applicant conducted similar business:

Name, address & telephone # where applicant can be contacted for at least seven
(7) days after leaving West Salem: _____

Has applicant ever been convicted of any crime or ordinance violation related to applicant's transient merchant
business within the last five (5) years? _____

