



Solicitor Permit

(exp. 12/31)

City of Madison Clerk

210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com

608-266-4601

(Number)

(scanned)

(Leg file number)

(Processing step)

(initials)

- **This permit is for face-to-face contact offering a service rather than selling a physical in-hand product.**
- We **will** need your company's State Seller's Permit ID Number (see page two).
- **Minors** under 12 years of age are not permitted to work in any street trade. See Wisconsin Statutes 103.23.
- **Photograph and ID:** A photograph 2 inches by 2 inches showing the head and shoulders, taken not more than one year prior to application is required. We also need a copy of your driver's license or ID card.
- **Background investigation** may take two weeks after application has been filed with the City Clerk. Proper identification is required. An investigative report of your application will be made by the Madison Police Department. Such report may provide a basis for license refusal or revocation. (Madison General Ordinances. Section 9.14)

Your Information

Name: _____

Other names you have used: _____

Residence: _____ Email: _____
city, state & zip code

Phone: _____ Birth date: _____ Birthplace: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver License Number: _____ DL State: _____

License Plate Number of vehicle driven: _____ State if not WI: _____

Other than the address above, places of residence for the past five years:

Address	From (date)	To (date)

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Last 3 cities in which you worked	Address from which business was conducted	Date you left

Your Employer's Information

Name: _____ Address _____

Employer's 15-digit State Seller's Permit Number: _____

Contact Person for Employer: _____ Employer's Phone Number: _____

Brief description of the nature of business and goods or services to be sold: _____

Source of supply of goods or services to be sold: _____

Location of goods/services at time of application (if applicable): _____

Is a deposit collected? No Yes -- \$ _____ Method of Delivery: _____

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance?

No Yes -- Describe the nature of offence and punishment or penalty assessed:

Signature of Applicant

The statements above are true & correct to the best of my knowledge.

X _____ Date: _____