Special Events

VACAVILLE POLICE DEPARTMENT

SOLICITOR/VENDOR/PEDDLER
IDENTIFICATION CARD/PERMIT APPLICATION

PLEASE PRINT LEGIBLY
USE BLACK OR BLUE INK

DATE OF EVENT: _____

PERSONAL INFORMATION:

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

BIRTH DATE: _____ RACE: _____ SEX: (CIRCLE ONE) MALE FEMALE

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____LB

DRIVERS'S LICENSE NUMBER: _____ SOCIAL SECURITY NUMBER _____-_____-_____

ADDRESS: _____ CITY _____ STATE_____ ZIP _____

PHONE NUMBERS: HOME _(____)_____-_____ CELL _(____)____-_____ OTHER_(____)____-_____

IN CASE OF EMERGENCY, NOTIFY: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY _____ STATE_____ PHONE _(____)____-_____

BUSINESS INFORMATION:

NAME OF BUSINESS: _____

DESCRIPTION OF PRODUCT/NATURE OF BUSINESS: _____

BUSINESS ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _(____)____-_____ SUPERVISOR'S NAME: _____

NAME OF PERSON AUTHORIZED TO ACCEPT SERVICE OF LEGAL PROCESS: _____

VEHICLE USED IN BUSINESS: YEAR _____ MAKE _____ COLOR _____ PLATE # _____ STATE _____

LICENSING INFORMATION:

CITY OF VACAVILLE BUSINESS LICENSE NUMBER: _____ EXPIRES: _____
(IF NON-PROFIT, OR OTHERWISE EXEMPT FROM BUSINESS LICENSE REQUIREMENT, ATTACH APPROPRIATE DOCUMENTS FROM THE STATE OF CALIFORNIA)
INTERSTATE COMMERCE PERMIT NUMBER: _____
(5.16.090 VMC) **(ATTACH A COPY IF APPLICABLE)**
STATE CONTRACTOR LICENSE NUMBER: _____SOLANO CO. HEALTH DEPT. PERMIT NUMBER: _____

MUST ATTACH PICTURE AND COPY OF STATE ID

POLICE USE ONLY

FEE $25 per Business PAID: ___
RECEIPT #: _____
RECORD CHECK: _____
ISSUED BY: _____
DATE ISSUED: _____

By signing this document, I also acknowledge the following rules of Soliciting/Vending/Peddling:

1. I shall not force myself onto any citizen.
2. I shall always wear my Permit provided by the Vacaville Police Department when Soliciting/Vending/Peddling.
3. I understand that if there are any complaints that my permit may be revoked.

X_____
(Signature)

Contact Naomi Gunter @ 707-449-5250 with any questions