



City of Poway

### APPLICATION FOR SOLICITOR'S IDENTIFICATION CARD

New

Renewal

Please note that applicant is required to APPEAR IN PERSON to receive and sign the Solicitor's Identification Card.

SC# \_\_\_\_\_

When submitting application for a Solicitor's Identification Card, the following is required:

- Application fee. All fees are non-refundable and are payable by cash or check (no credit cards). A Master Fee Schedule is posted at the City's website. Current Fee \$50
- Photocopy of California Driver's License or California ID Card
- Appointment Required for Photo for Solicitor's Identification Card
- Appointment Required for Live Scan Fingerprinting

APPLICANT NAME

ALL OTHER NAMES USED (INCLUDING MAIDEN NAME AND PREVIOUS MARRIED NAME)

LAST

FIRST

MIDDLE

DATE OF BIRTH  PLACE OF BIRTH

MALE HEIGHT  WEIGHT  HAIR  EYES

FEMALE

RESIDENCE PHONE  DRIVER'S LICENSE#  SOCIAL SECURITY NUMBER

PERMANENT RESIDENCE ADDRESS

STREET

CITY

STATE

ZIP CODE

TEMPORARY RESIDENCE ADDRESS

STREET

CITY

STATE

ZIP CODE

DESCRIPTION OF ARTICLES TO BE SOLD OR SERVICES TO BE OFFERED

LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE WITHIN LAST 10 YEARS. IF THIS IS A RENEWAL, INCLUDE ONLY THOSE SINCE LAST APPLICATION. (use reverse side if more room is required)

DATE	CHARGE	INVESTIGATING AGENCY	DISPOSITION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to having all required notices, unless otherwise specified, sent by U.S. Mail to the address given on this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

#### **This Section to be completed by Holder of Solicitor's License**

The above applicant will be soliciting in the name of my business after his/her application is approved and he/she has obtained the proper identification card.

NAME OF LICENSE HOLDER  LICENSE #

NAME OF BUSINESS  LICENSE EXP. DATE

Date \_\_\_\_\_ License Holder Signature \_\_\_\_\_

#### **SHERIFF'S DEPARTMENT**

By \_\_\_\_\_

Approved  Disapproved Date \_\_\_\_\_