



No. _____
Clerk of the Circuit Court & Comptroller
COLLIER COUNTY, FLORIDA

Attach
Photo
Here

HOME SOLICITATION SALES PERMIT APPLICATION

NAME OF APPLICANT _____
(Last) (First) (Middle)

DATE OF BIRTH _____ RACE _____ SEX _____

DRIVER LICENSE# _____ ISSUING STATE _____

PHONE _____ ALTERNATE PHONE _____

PERMANENT RESIDENCE ADDRESS _____

LOCAL RESIDENCE ADDRESS _____

NAME OF APPLICANT'S EMPLOYER _____

OCCUPATIONAL LICENSE # _____

ADDRESS OF EMPLOYER _____

HAVE YOU EVER PLEADED GUILTY, NOLO CONTENDERE TO ANY CRIME OR BEEN CONVICTED OF A CRIME? _____ IF YES, WHAT WAS THE NATURE OF OFFENSE, DATE AND PLACE

WHAT WAS THE DISPOSITION? _____

WHAT WAS THE PUNISHMENT OR PENALTY ASSESSED? _____

I certify that the information contained on this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail may be grounds for denying issuance of my home solicitation sale permit. I understand that the fee required for the processing of my application is non-refundable.

Applicant's Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 201__.

CRYSTAL K. KINZEL
CLERK OF THE CIRCUIT COURT & COMPTROLLER

BY: _____
Deputy Clerk

(Seal)