



SOLICITOR APPLICATION

_____ Miscellaneous Business (date & initial)

_____ General Provisions (date & initial)

OFFICE USE ONLY

License Fee \$ _____ per day x _____ = Fee \$ _____

License Number _____ Business Registration or ADOR License Number _____

APPLICANT INFORMATION

_____ Applicant Name

_____ Area Code

_____ Mobile Telephone No.

_____ Street No. (N,E,S,W)

_____ Street Name

_____ Type STE./APT. Number
(ST. DR. AV.)

_____ City

_____ State

_____ Zip

_____ Email: _____

Solicitation Dates In Scottsdale: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Date of Birth: _____ SS#: _____ Drivers Lic. #: _____

Prior (2) residential addresses:

| Address | City | State | From (Date) | To (Date) |
|---------|------|-------|-------------|-----------|
| | | | | |
| | | | | |

Employment/Prior Business: Begin with most recent job.

| Employment Date From - To | Employer Name | Address | Phone |
|------------------------------|---------------|---------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you previously operated in this or another city or state under a license? Yes No

If yes, please list below:

| Name | Location | License Number |
|------|----------|----------------|
| | | |
| | | |
| | | |

If so, has such a license ever been revoked or suspended? Yes No

If yes, please give explanation: _____

SOLICITOR APPLICATION (CONTINUED)

Have you ever been convicted in any jurisdiction of a felony, or any misdemeanor involving fraud, theft, dishonesty, assaultive conduct or morale turpitude? Yes No

If yes, you must provide specific information describing:

| Who | Offense | Where Offense Occurred | Date of Offense | Court(s) Entered Into |
|-----|---------|------------------------|-----------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Business Name, Business Location, Business Telephone

 Business Name (of business represented)

 Area Code Telephone No.

 Street No. (N,E,S,W) Street Name

 Type STE./APT. Number
(ST. DR. AV.)

 City State Zip

Name of Business Owner _____

Type of product or service sold: _____

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO, BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

I REALIZE THAT I MAY BE RESPONSIBLE FOR THE REPORTING AND REMITTING OF SALES TAX OR BUSINESS TAX TO THE CITY OF SCOTTSDALE IN CONJUNCTION WITH THIS LICENSE. I FURTHER UNDERSTAND THAT THIS LICENSE IS SUBJECT TO INVESTIGATION AND FOR CAUSE MAY BE DENIED AND THIS LICENSE FEE IS NON-REFUNDABLE.

 Date

 Applicant's Signature



**ACKNOWLEDGMENT of UNDERSTANDING
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # _____

DATE: _____

Business Name _____

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.

Representative / Applicant Name: _____

Representative / Applicant Title: _____

Signature: _____

CSR Initials _____