



**PLANNING
& ZONING**
TOWN of STALLINGS

SOLICITATION PERMIT

315 Stallings Road
Stallings, NC 28104
704-821-8557
Fax 704-821-6841

Date Filed: _____

Application Number: _____

Fee Paid: _____

***Please reference the Fee Schedule for cost.**

Business Information

Business Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Applicant Information

Applicant Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Please indicate the dates, including the days of the week, that you intend to carry on business with the Town:

Please provide a description of the goods and/or services to be sold or offered:

If you intend to receive payment or deposit for goods or services to be delivered or rendered, please describe how this will be handled:

Please provide a complete description of the vehicle or method of transportation intended to use for business purposes while in the Town:

Please provide a statement as to whether the applicant, his principal or employer or other person having management or supervisory function in the applicant's business, has been convicted of a criminal offense and, if so, the name of the person convicted, the nature of the offense, the punishment assessed and when and where the offense occurred:

Please provide the name and description of each employee who will be soliciting for your business within the Town of Stallings:

Name: _____ Height: _____ Weight: _____ Gender: _____

Race: _____ Date of Birth: _____ Drivers License #: _____

Name: _____ Height: _____ Weight: _____ Gender: _____

Race: _____ Date of Birth: _____ Drivers License #: _____

Name: _____ Height: _____ Weight: _____ Gender: _____

Race: _____ Date of Birth: _____ Drivers License #: _____

Name: _____ Height: _____ Weight: _____ Gender: _____

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Please attach a copy of the applicant's drivers license or an approved state-issued identification card with photograph with submission of this application.

If a permit is granted, it will not be used or represented in any way as an endorsement of the Town of Stallings or by any department or officer thereof.

Signature
of Applicant:

Date:

State of North Carolina

County of _____

Subscribed and sworn to me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires

Approved:

Denied:

Town Clerk

Town Clerk