



# SOLICITATION PERMIT

315 Stallings Road  
Stallings, NC 28104  
704-821-0300  
Fax 704-821-0657

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:



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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:

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**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 #: \_\_\_\_\_

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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:

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Chief of Police