



City of Marysville
Solicitor Permit Application
 (Codified Ordinance Section 7.13)

Applicant Name:	Address:	Phone:
SSN:	DOB: AGE: SEX: RAC:	HGT: WGT: HR:

BCI Fingerprints Only

Business Name:	Address:	Phone:
Supervisor's Name:	Phone:	Nature of Goods:
Business Federal ID:	Government Photo ID Presented: ID #:	Years Employed:

Names & Dates of other municipalities in which applicant has conducted solicitation activities for past three years:

Municipality:	Dates:	Municipality:	Dates:
Municipality:	Dates:	Municipality:	Dates:
Municipality:	Dates:	Municipality:	Dates:
Municipality:	Dates:	Municipality:	Dates:
Municipality:	Dates:	Municipality:	Dates:

Applicant Signature: _____ Date: _____

Received By: _____ Date: _____

OFFICE USE ONLY

PLEASE ATTACH OHLEG Completed By:			PLEASE ATTACH QW Completed By:	
Fee Received:	Receipt #:	Prints Obtained:	Photo Obtained:	ID Verified:
Date Issued:	Date of Expiration:	Permit #:	Card Issued:	Rejected or Revoked:

Authorizing Signature: _____ Date: _____

