

# CITY OF WOONSOCKET APPLICATION FOR SOLICITATION

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

Permanent Address: \_\_\_\_\_  
Street Address Apartment/Unit #

Temporary Address: \_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_ Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ SSN# \_\_\_\_\_

## EMPLOYER INFORMATION

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer SSN# \_\_\_\_\_

Nature of Solicitation: \_\_\_\_\_

Dates of Solicitation From: \_\_\_\_\_ To: \_\_\_\_\_

Exempt Organization-Registered with Attorney General  Yes  No

Non-Exempt – subject to a \$10.00 Registration Fee

## ACKNOWLEDGEMENT

I hereby certify by my signature that all information I provided regarding this application is true to the best of my knowledge. I further understand that any violations of the conditions set forth within Section 13-14 of the City of Woonsocket Code of Ordinances will result in the immediate denial or revocation of this permit. I also consent to the Woonsocket Police Department to perform a criminal background check and understand that the issuance of this permit is conditional on a satisfactory result.

Signature: _____	Date: _____
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## POLICE USE ONLY

	YES	NO
Has the applicant been convicted of any violation of any solicitor/canvassing ordinances?		
If yes, location:		
Was a criminal background check performed?		
Was the applicant photographed?		
Did the applicant provide adequate proof of identity?		

Description	Race:	Sex:	Hair:	Height:	Weight:	Eye:
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Interviewing Officer: \_\_\_\_\_