

CITY OF HAZEL PARK
HANDBILL / SOLICITOR LICENSE APPLICATION FORM



COMPANY NAME: _____

BUSINESS ADDRESS: _____

SUPERVISING AGENT NAME: _____

EMAIL: _____ **PHONE:** _____

DESCRIPTION OF BUSINESS: _____

Solicitation of commercial handbills is prohibited between the hours of 6:00 p.m. and 8:00 a.m. It is also prohibited on Sundays, and on the following holidays; New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas. The application fee for a Handbill / Solicitor License is \$100.00.

The following Solicitors will operate for _____ hours per day, beginning on ____/____/_____ and ending on ____/____/_____ in the area of _____ between the hours of _____ and _____.

1) **NAME** **ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):**

DATE OF BIRTH **HOME ADDRESS:**

2) **NAME** **ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):**

DATE OF BIRTH **HOME ADDRESS:**

3) **NAME** **ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):**

DATE OF BIRTH **HOME ADDRESS:**

- *List any additional solicitors on the reverse side.* **TOTAL # OF SOLICITORS:** _____

I have read Chapter 5.36 of the Hazel Park Municipal Code, understand its provisions, and agree to supervise my solicitor(s) to ensure there are no violations. Copies of all City Ordinances available at www.hazelpark.org. "No Solicitation" signs and the like must be respected. The following attachments are required:

1. **COPY OF CIRCULAR TO BE DISTRIBUTED.**
2. **COPY OF DRIVER'S LICENSE FOR EVERY SOLICITOR.**

Supervising Agent Signature Date

FOR OFFICE USE ONLY

Chief of Police Approval Date Receipt # Date

4) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

5) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

6) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

7) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

8) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

9) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

10) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

11) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS:

12) NAME

ANY PREVIOUS/MAIDEN NAME(S) OR ALIAS(ES):

DATE OF BIRTH

HOME ADDRESS: