SOLICITATION APPLICATION (Transient Vendor)

		Date:	
Name:			
Last	First		Middle
Date of Birth: / /	SSN:	-	-
Address:		Phone #:	
		Cell #:	
Have you been convicted of any criminal offens	ses: / Yes	No	
If vec evoluin:			
If yes explain:			
Business Name:		Type of Busines	SS:
Business		Business Phone	#:
Address:			
Business Owners Name:			
Last	First		Middle
Business Owners		Phone #:	
Address:		Cell #:	
Specify what you will be selling:			
Product:			
Service:			
Describe solicitation procedures / approach: (Describe solicitation procedures / approach)	oor to Door, Phone, Etc	.)	
STAT	TEMENT AND WAIVI	ER	
I hereby agree to furnish authentication documentati	on to verify the forgoing.	The undersigned her	reby voluntarily assumes al
risk of accidents, injury and of damage to his / her p Jackson Center, its elected officials, employees and			
Ordinance 2008-005 Provided to Applicant:	Initials Signatu	ire	
Date:/ / Payme	ent Revd: Amount	Receipt	t #
(In the event that your application is denied, you			
the background check, which is non	-refundable. The cost of	the background ch	eck is \$30.00.)
	OFFICE USE ONLY	• • • • • • • • • • • • • • • • • • • •	
Date Received: / /	Officer Conducting Backgr	ound Check:	
Date Approved / Denied: / / Approved	Denied		
If Denied, reason for denial:			
Permit # Date Issued:/	/ Date Expires:	/	/ Badge Issued Y/N