

**CITY OF WALTERS
SOLICITOR PERMIT REGISTRATION**

DATE: _____

BUSINESS INFORMATION

Business Name: _____
Business Street Address: _____
Business Mailing Address: _____
City/State/Zip: _____ Business Telephone No: _____

OWNER/CORPORATE INFORMATION

Business Owner's Name: _____ Is Business a corporation? YES NO
Owner's Address: _____ Business Tax ID#: _____
City/State/Zip: _____ Telephone No: _____
Owner's Names: _____ Driver's License Numbers: _____

CONTACT PERSON INFORMATION (IF DIFFERENT)

Applicant/Manager's Name: _____ Relation to Business: _____
Home Address: _____ Cell Phone No: _____
City/State/Zip: _____ Home Telephone No: _____

I certify under penalty of perjury that the information contained on this registration is true and correct. I further understand that any incorrect information contained on this registration may result in the revocations of any permit issued and/or criminal prosecution.

SIGNATURE OF APPLICANT: _____

Make sure to include the following for a complete registration:

- Photo ID;
- Copy Health Dept Permit;
- Copy of Sales Tax Permit;
- Payment \$5 for 1 day (date of sales: _____); or
- Payment \$50 yearly (January 1-December 31)