

**CITY OF NEDERLAND
SOLICITORS APPLICATION**

IDENTIFICATION OF SOLICITOR:

NAME: _____

PERMANENT ADDRESS: _____

LOCAL ADDRESS: _____

LOCAL TELEPHONE NUMBER: _____

AUTOMOBILE: **Make:** _____ **Model:** _____
 Drivers License No. & State: _____
 Color: _____

FIRM REPRESENTED:

NAME OF FIRM: _____

ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

MERCHANDISE BEING SOLD: _____

PAYMENT AMOUNT RECEIVED IN ADVANCE FROM CUSTOMERS: \$ _____

PERIOD OF TIME DURING WHICH REGISTRANT WILL SELL IN THE CITY OF NEDERLAND _____

Signature of Manager

Address of Manager

Date

SOLICITING IS ALLOWED ONLY BETWEEN THE HOURS OF 9:00 A.M. AND 6:00 P.M.

APPROVED BY: _____
City Clerk