



1545 POOLE BLVD. • P.O. BOX 3447 • YUBA CITY, CALIFORNIA 95992 • (530) 822-4660 • FAX (530) 822-4799

ROBERT D. LANDON
CHIEF OF POLICE

SOLICITOR APPLICATION

Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____ HGT: _____ WGT: _____ Hair: _____ Eyes: _____

Drivers License/ID Card: _____ Soc Sec #: _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Merchandise or Service: _____

Vehicle used in the course of business:

Year: _____ Make: _____ Model: _____ Color: _____

License Plate #: _____ Plate State: _____

DECLARATION OF ARREST RECORD

List any misdemeanor or felony arrests. Give dates and locations: (use back if more space is needed)

The information provided on this form is true and correct to the best of my knowledge. I understand providing false or incomplete information will be cause for denial of my application.

Applicant Signature: _____