

BRIAN BAKER CHIEF OF POLICE

POLICE DEPARTMENT

(530) 822-4660 | 1545 POOLE BLVD. P. O. BOX 3447, YUBA CITY, CALIFORNIA 95992 | WWW.YUBACITY.NET

APPLICATION FOR SOLICITOR PERMIT

****Please fill out form in its entirety, if something does not apply please write "none" or "N/A"****											
Personal Information:											
Full Name:											
Address:											
City:		State:	ZIP Code:								
Phone:											
ı	Date of Birth _:	Sex/Gend	Sex/Gender:		Weight:						
Hair Color:	Eye Co	olor: E	Drivers License#		State:						
Company Information:											
Name of Company:											
Address:											
City:	S	tate:	ZIP Code	2:							
Supervisor/Manager Name:											
Phone:											
Type of Merchandise or Service:											
Vehicle Information: Will you be driving a vehicle while soliciting? Yes [] No []											
If Yes: Vehicle	e to be used: Year	Make	ı	Model							
Color	License Plate		State		,						



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local Business References:

1.	Name of Bu	siness:						
	Address:							
	City:		State:	_ ZIP	Code:			
	Contact Per	son:			Phone:			
2	Name of Bu	siness:		_				
	Address:					_		
	City:		State:	_ ZIP	Code:			
	Contact Per	son:			Phone:			
3.	Name of Bu	siness:						
	Address:							
	City:		State:	_ ZIP	Code:			
	Contact Per	son:		_	Phone:			
Doctor	ation of Arre	st Pasardı						
			. Include the date and natu	ire o	f the charges:			
**Che	ck If You have	NEVER BEEN ARRE	ESTED:					
Date:_		Nature of Charge/	/Charge:			[)	Misd.	[) Felony
Date:_		Nature of Charge/	/Charge:			[)	Misd.	[) Felony
Date		Nature of Charge	/Charge:			L)	Misd	[] Felony