

Date Received:	
(Accounts Receiva	able)
Date Received:	
(Police Departm	nent)

FIN052 - 5-2018

CITY OF SANTA FE

Application for Solicitation License (Article 18-3 SFCC 1987)

The application shall be submitted to the City of Santa Fe Accounts Receivable Office at least 15 calendar days prior to the time the applicant requests to engage in solicitation.				
Check One.: New Application: Renewal Application: Prior License Number:				
Name of Applicant:				
Permanent Residence Address:	:			
City:	State:	Zip:		
Telephone No.:	E-mail Address: _			
Date of Birth:	Drivers License Nu	Drivers License Number:		
Description of Applicant height	weight	hair color eye color		
NOTE: PHOTOGRAPH OF APP	PLICANT SHALL BE SUBMITTED	WITH THIS APPLICATION.		
Name of Employer (if applicable	e):			
Malling Address:				
City State Zip:				
Telephone No.: E-mail Address:				
Requested Date(s), Time(s), and	d Place(s) to Solicit Within the C	ity:		
Date	Time	Place		

App	licant must read and o	complete the following:				
1.	Respond to each qu	estion below.				
	Question				Yes	No
A.		convicted of an criminal violation				
B.	Have you ever received any infraction or misdemeanor citations, including a municipal code violations?					
C.	Do you have any criminal or civil cases pending?					
D.	Have you ever had any legal cases dismissed or expurged pursuant to state law?					
E.	Are you currently under investigation for any crimes related to solicitation or other criminal offense including, but not limited to: violent crimes, sexual assault, or possession of controlled substances, theft, fraud or burglary?					
_		y of the above questions, plea not limited to court dismissals		elow and a	attach any re	elated
2.	Provide employmen	t history for the past ten (10) y	ears.			
Emp	loyer's Name	Kind of Business	from Mo/Yr	to Mo/Yr	Reaso for sepa	

Applicant hereby, acknowledges the follow	wing:		
change, or modification to the informa	application information with the City. If there is any tion provided on the initial application or any renewal tion of such change to the City Accounts Receivable ge.		
2. I consent to a criminal background provisions of Article 18-3 and all applic	check, at my expense, and I will comply with all able city, state and federal laws.		
3. The information contained in this applied	cation is true and correct to the best of my knowledge.		
Signature of Applicant	Date		
Acknowle	edgment of Individual		
STATE OF	- ug		
COUNTY OF			
This Instrument was acknowledged before me on by			
Notary Public (Signature)	Printed Name		
	My Commission Expires:		
Account	s Receivable Review		
1. Complete application: Yes No			
2. Required submittals attached: Photograph of the applicant: Yes Complete employment history for the p Criminal information provided, if applications			
3. Has the applicant presented a valid ide States. (make copy to attach to applica	ntification card issued by a state within the United tion):		
4. Fee paid: Yes No	Amount: Receipt #:		
Date:	Reviewed by:		

Police De	partment Review	
This application has been reviewed, the backissued. Yes No Company	ckground check completed and the license may be ion 18-3.9 SFCC 1987)	
	Reviewed by:	
Accounts Receivable Issuance		
License Number:	Date Issued:By:	
Please press the submit button once you have completed the form. This will e-mail your completed application to the appropriate office.		