



Date Received: _____
(Accounts Receivable)

Date Received: _____
(Police Department)

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 Number: _____

Description of Applicant height _____ weight _____ hair color _____ eye color _____

NOTE: PHOTOGRAPH OF APPLICANT SHALL BE SUBMITTED WITH THIS APPLICATION.

Name of Employer (if applicable): _____

Mailing Address: _____

City State Zip: _____

Telephone No.: _____ E-mail Address: _____

Requested Date(s), Time(s), and Place(s) to Solicit Within the City:

Date	Time	Place

Applicant hereby, acknowledges the following:

1. I shall maintain, at all times, accurate application information with the City. If there is any change, or modification to the information provided on the initial application or any renewal application, I will give written notification of such change to the City Accounts Receivable Office within two (2) weeks of the change.
2. I consent to a criminal background check, at my expense, and I will comply with all provisions of Article 18-3 and all applicable city, state and federal laws.
3. The information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Acknowledgment of Individual

STATE OF _____

COUNTY OF _____

This Instrument was acknowledged before me on _____ by _____

Notary Public (Signature)

Printed Name

My Commission Expires:

Accounts Receivable Review

1. Complete application: Yes No
 2. Required submittals attached:
Photograph of the applicant: Yes No
Complete employment history for the past ten years: Yes No
Criminal information provided, if applicable: Yes No Not Applicable
 3. Has the applicant presented a valid identification card issued by a state within the United States. (make copy to attach to application): Yes No
 4. Fee paid: Yes No Amount: _____ Receipt #: _____
- Date: _____ Reviewed by: _____

Police Department Review

This application has been reviewed, the background check completed and the license may be issued. Yes No

(Denial shall be given in writing as per Section 18-3.9 SFCC 1987)

Date: _____ 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.**