

PERMIT NO. \_\_\_\_\_

APPLICATION  
HOME SOLICITORS PERMIT  
SEMINOLE COUNTY, FLORIDA

NAME \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ DRIVER LIC.#: \_\_\_\_\_ STATE \_\_\_\_\_

PERMANENT RESIDENCE ADDRESS (NO P.O. BOX) TELEPHONE ( ) \_\_\_\_\_

Number and Street City, County & State Zip Code

LOCAL RESIDENCE ADDRESS (NO P.O. BOX) TELEPHONE ( ) \_\_\_\_\_

Number and Street City, County & State Zip Code

MAILING ADDRESS, IF ANY

Number and Street City, County & State Zip Code

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
month / day / year City & State

SEX \_\_\_\_ RACE \_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ COLOR EYES \_\_\_\_ COLOR HAIR \_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Number and Street

City State Zip Code

HAVE YOU EVER BEEN CONVICTED OF, PLEADED GUILTY OR NOLO CONTENDERE TO, ANY CRIME IN ANY COURT? YES \_\_\_\_ NO \_\_\_\_

If yes, state the nature of the offense, place of offense, punishment or penalty as assessed therefore:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE ACQUIRED, AND WILL MAINTAIN, ALL THE REQUIRED COUNTY AND MUNICIPAL OCCUPATIONAL LICENSES NECESSARY TO ENABLE ME TO CONDUCT HOME SOLICITATIONS WITHIN SEMINOLE COUNTY.

I DO SOLEMNLY SWEAR THAT THE ABOVE IS TRUE AND CORRECT.

\_\_\_\_\_  
Applicant's signature

STATE OF FLORIDA  
COUNTY OF SEMINOLE

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk  
HS0507.003