

OFFICE: (408) 615-4867

CITY OF SANTA CLARA POLICE DEPARTMENT-PERMITS UNIT 601 EL CAMINO REAL SANTA CLARA, CA 95050



SOLICITORS AND PEDDLERS APPLICATION

(Permits are valid for one year from issue date)

FAX: ((408)	984-14 (107

- Please provide all applicable information. Use back of application if needed.
- A non-refundable investigation fee (See Fee Schedule)
- California state sellers permit and Fictitious Business Name, if applicable.
- Applicants will be required to apply with the Business Tax Division and pay an annual business tax after Police approval.
- Once you have gathered the above documents, call the Permits Unit for an appointment. Tues Fri 408.615.4867.

Гуре of Soli	icitation or Peddling:	□Solicitor/Peddler	Curb Painting	☐Door to Door Solicitation
		COMPANY	OR BUSINESS NAME	
Business Ad	ldress			
2 4 5 1 1 4	ldressstree	Γ	CITY	ZIP
Solicitor/Ped	ddler Name :			
	LAST		FIRST	MIDDLE
Date of Birtl	h Dr	iver License #	So	cial Security #
If not a US o	citizen, provide Resider	nt Alien Card #		Expiration Date:
Home Addre	essstree			
	STREE	Γ	CITY	ZIP
Business Ph	one	Cell Phone	E	mail
Contact Pers	son			
contact I cis	LAST		FIRST	CELL PHONE
1.	Have you previously	held a permit in the	City of Santa Clara	? Yes □ No □
2.		currently hold a perr	•	
3.	•	en arrested or convict ovide dates and natu o not include minor	re of the offense o	Yes □No □ n the
4.	Have you ever been a	arrested, but the charg	ges were dismissed	Yes □ No □
What typ	e of items or services w	vill be offered for sale	e?	

Page 2:				
Method of solicitation, order taking or peddling?				
Method of delivering the orde	er?			
Will you have employees? If (Use an extra sheet of paper is		They may need to be Live S	Scanned:	
Name	Address	Date of Birth	Calif Drivers Lic #	
Name	Address	Date of Birth	Calif Drivers Lic #	
Dates and hours of Soliciting	or Peddling:			
Do you have specific dates of solicitation?				
Address that you will be selling	ng from?			
Private Property Owner Perm	ission: YES / NO			
Private Property owner name and contact info:				
IF APPLICABLE:				
Company Supplying Products	S	Contact Person _		
Supplier Address	CTDEET	CITY	ZIP	
Supplier Business Phone			Zir	
APPLICATION ARE TRUE TO THAGENTS AND EMPLOYEES TO	HE BEST OF MY KNOWLED O SEEK INFORMATION AN THIS APPLICATION AND	GE AND BELIEF. I AUTHORIZED CONDUCT AN INVESTIGA MY QUALIFICATIONS. I FU	ERS I HAVE PROVIDED IN THIS E THE CITY OF SANTA CLARA, ITS TION INTO THE TRUTH OF THE RTHER UNDERSTAND THAT ANY L OR FUTURE REVOCATION.	

TITLE	DATE

FOR OFFICIAL USE ONLY					
Date:	Fees Paid:	Livescan:	CA Sellers Permit:	SCID:	
Business License:		Permit Expires:		Approved:	