



FINANCE DEPARTMENT

The City of Morgantown

389 SPRUCE STREET
MORGANTOWN, WEST VIRGINIA 26505
(304) 284-7408

COMMERCIAL SOLICITORS AND CANVASSERS LICENSE

INDIVIDUAL'S NAME: _____ DATE: _____

LOCAL ADDRESS: _____

PERMANENT HOME ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE NUMBER: _____

AGE: _____ SEX: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

CITIZEN OF THE U.S.: YES NO RESIDENT OF COUNTY? YES NO

NATURE OF BUSINESS: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

POSITION WITH FIRM OR CORPORATION: _____ HOW LONG? _____

LENGTH OF TIME LICENSE NEEDED FOR? _____

REFERENCES: (NO RELATIVES & PERSON MUST KNOW YOU FOR LONGER THAN 6 MONTHS)

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

HAS APPLICANT EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____

If the answer is YES, fill in following information; DATE: _____

CITY: _____ STATE: _____

HAS APPLICANT EVER FILED FOR A COMMERCIAL SOLICITORS LICENSE BEFORE IN THIS CITY? _____

IF YES, WHEN: _____ WAS IT FOR THE SAME COMPANY? _____

IF NO, WHAT COMPANY? _____ WHAT YEAR? _____

I HEREBY CERTIFY THAT THE ABOVE STATED FACTS ARE TRUE, AND THAT I WILL CONDUCT ANY SOLICITATION/CANVASS IN ACCORDANCE WITH THE ORDINANCE ADOPTED BY THE CITY OF MORGANTOWN COUNCIL ON JUNE 5, 1957. SIGNATURE: _____

APPLICANT'S DATE OF BIRTH: _____ PHONE NUMBER: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE NUMBER: _____