



## Solicitor's Application

### Personal Information:

Full legal name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address (Permanent): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Address (Temporary/School): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone numbers: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_ MOBILE \_\_\_\_\_

### Business Information:

Business Represented: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Items/Services Being Sold: \_\_\_\_\_

**Have you ever been convicted of a crime?**  YES  NO

If yes, provide state charge, jurisdiction, date, and circumstances:

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

- Criminal History checked through the FBI
- Code Section Reviewed
- \$5 Fee Paid

*I understand the solicitor's permit is non-transferable and is good for thirty (30) days and no longer, except with compliance of Section 12-2-8 (Renewal) of the Harrisonburg City Code.*

*I have read and understand Section 12-2-10 and Section 12-2-11 of the Harrisonburg City Code concerning the REVOCATION AND CONDITIONS of the solicitor's permit.*

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



CITY OF HARRISONBURG  
**POLICE**  
DEPARTMENT

**POLICE CHIEF KELLEY WARNER**  
**DEPUTY CHIEF ROD POLLARD**  
**DEPUTY CHIEF TODD MILLER**

101 NORTH MAIN STREET, HARRISONBURG, VA 22802  
OFFICE (540) 437-2600 • FAX (540) 437-2691

---

## *Solicitor's Application – RENEWAL*

\$5 Fee Paid

*I, \_\_\_\_\_, affirm that the statements made in the original applications are true and accurate statements at this renewal time.*

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_