



Solicitor Permit Application
WILLIAMSBURG POLICE DEPARTMENT
425 ARMISTEAD AVENUE
WILLIAMSBURG, VIRGINIA 23185

Initial Application
Renewal

Name: _____, _____, _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____

DOB: _____ Height _____ Weight _____ Sex: _____ Race: _____ Eye color: _____ Hair Color: _____

Have you ever been convicted of a criminal offense? Yes _____ No: _____

If "Yes" list Convictions on second page

Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of product to be sold: _____

List Employment History on Second Page.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements. All information is true and accurate to the best of my ability. Should an investigation determine any misrepresentations, falsifications, or omissions,, this application will be rejected.

Signed: _____ Date: _____

Official Use Only
Department of Finance

Approved: Yes _____ No: _____ Approved by: _____ Date: _____

Date Issued: _____ Date of Expiration: _____

Solicitor Permit: \$ _____

Total: \$ _____

Employment during previous sixty (60) months

Company	Street/Mailing Address	Dates of Employment	Supervisor

Criminal Convictions

Charge	Date of Arrest	Disposition of Case