

SHERIFF'S DEPARTMENT

County of La Crosse

APPLICATION FOR SOLICITORS PERMIT

Name _____
(last) (first) (middle)

PRESENT ADDRESS _____

HOW LONG AT PRESENT ADDRESS? _____

COMPANY REPRESENTED _____

ADDRESS _____

CHARACTER OF GOODS OR SERVICE _____

LENGTH OF TIME EMPLOYED _____

DESCRIPTION OF APPLICANT

SOCIAL SECURITY # _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HT _____ WT _____ EYES _____ HAIR _____

SCARS AND MARKS _____

HAVE YOU EVER BEEN ARRESTED? YES NO IF SO, DATE _____

WHERE? _____

CHARGE _____

MAKE OF AUTOMOBILE _____ YEAR AND MODEL _____

COLOR _____ LICENSE NO. _____

ARE ANY OTHER CARS GOING TO BE USED? YES NO HOW MANY? _____

LIST MAKE, MODEL, YEAR, COLOR, LICENSE OF ALL CARS TO BE USED:

DRIVER'S LICENSE # _____ FROM STATE OF: _____

I hereby certify that the foregoing statements are true and correct. I also agree to fill out two handwriting cards and submit to fingerprinting and photography by the La Crosse County Sheriff's Department.

WITNESS _____
(signature of applicant)

WITNESS _____ DATE OF APPLICATION _____
(print)

GRANTED
REFUSED