



# GREEN COUNTY SHERIFF'S OFFICE

PO Box 473 2827 6<sup>th</sup> Street Monroe, WI 53566 608-328-9400

## Solicitor Permit Application Form

### Individual Applicant Information:

Applicant Name (F/MI/L)*	Birthdate
Street Address	City/State
Phone	email Address

**\*Affix photocopy of Driver License / ID card to this form.**

### Business Information:

Business Name	Type of Business
Street Address	City/State
Phone	email Address

### Vehicle(s) Used:

License Plate	State of Issuance	Vehicle Type
Vehicle Make	Model	Year
License Plate	State of Issuance	Vehicle Type
Vehicle Make	Model	Year

### List three (3) previous areas where business has been conducted:

City	County	State
City	County	State
City	County	State

By endorsement below, I certify the information provided on this application is true and accurate to the best of my ability. I acknowledge that I have been provided a copy of the County Solicitor Ordinance and agree to abide by its terms. This permit must be renewed annually.

Applicant Signature:

Date:

<b>For Office Use Only:</b>
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Checklist:

- Provide copy of county ordinance to applicant.
- Require application fee before acceptance.
- Inform applicant of how they will be notified when ready. (May fax or email permit if preferred.)
- Do not accept applications from:
  - Any Green County resident or business.
  - Any person delivering newspapers, fuel, dairy products or bakery items to regular customers on established routes.
  - Any person selling merchandise at wholesale to dealers in such merchandise.
  - Any person selling agricultural products which such person has grown.
  - Any person who has had a prior business transaction such as a prior sale or credit arrangement with the prospective customer.
  - Any person holding a sale required by statute, order of any court or a bonafide auction sale.
  - Any employee, officer or agent of a charitable organization.
  - Any person engaged in political activities
  - Any person while doing business at special events which are under the supervision and control of a local organization or business.

CIB	CCAP	LOCAL
DOT	RECORD ENTRY	
OTHER JURISDICTION	OTHER JURISDICTION	OTHER JURISDICTION

This applicant meets requirements and issuance of the permit is approved. It has been recorded in the records system License/Permit file, with a copy of this completed form attached.
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Authorizing Signature:	Date:
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