

**VILLAGE OF VARNA**  
**SOLICITOR PERMIT APPLICATION**

**APPLICATION REQUIREMENTS:**

- **NON-REFUNDABLE APPLICATION FEE OF \$25.00.** (Make check payable to the Village of Varna)
- **COPY OF A DRIVER'S LICENSE OR STATE ID OF APPLICANT.**
- **2 PHOTOGRAPHS (AT LEAST 2 X 3 ½ INCHES IN SIZE)**
- **COMPLETED APPLICATION** (All information requested is required.)

**COMPANY INFORMATION**

COMPANY NAME (Company that you are employed by and are soliciting on behalf of):

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: XXX-XX-\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. DESCRIPTION OF SOLICITATION ACTIVITY AND DATES OF SOLICITATION:  
\_\_\_\_\_
2. LIST DATE OF ANY PREVIOUS APPLICATION FOR SOLICITATION OR PEDDLING,  
IF ANY, IN THE VILLAGE OF VARNA: \_\_\_\_\_
3. HAS A PEDDLER'S LICENSE OR SOLICITATION REGISTRATION ISSUED  
TO YOU OR YOUR COMPANY EVER BEEN REVOKED? \_\_\_\_\_
4. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY  
MUNICIPAL ORDINANCE REGULATING SOLICITATION OR PEDDLING? \_\_\_\_\_
5. HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY OR  
MISDEMEANOR INVOLVING DISHONESTY? \_\_\_\_\_  
IF YES, STATE THE OFFENSE, YEAR OF THE PROSECUTION, AND WHERE THE PROSECUTION OCCURRED  
\_\_\_\_\_

6. ARE YOU A REGISTERED SEX OFFENDER? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

7. TYPE OF VEHICLE TO BE USED: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

8. PHYSICAL DESCRIPTION: GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

9. IS THE APPLICANT SOLICITING FOR A CHARITABLE OR NOT-FOR-PROFIT CORPORATION? \_\_\_\_\_

IF YES, ATTACH A SEPARATE PAGE WITH THE NAME AND ADDRESS OF EACH PERSON PARTICIPATING IN THE SOLICITATION.

I certify that all of the above statements are true to the best of knowledge, information and belief. I further certify that I will notify the Village within 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that I will abide by all the rules and regulations in the Village of Varna regarding soliciting.

Applicant also certifies that he/she has is aware that the \$25.00 application fee will not be refunded if application is denied for any reason.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Subscribed and Sworn to Before Me  
on \_\_\_\_\_ [INSERT DATE]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Approved \_\_\_\_\_ Denied

By: \_\_\_\_\_

Date: \_\_\_\_\_

FEE: \_\_\_\_\_ Paid  
\_\_\_\_\_ Waived (charity/NFP applicant)