



CITY OF WEST MEMPHIS

CITY CLERK'S OFFICE

City Clerk - P.O. Box 1728 - West Memphis, Arkansas 72303 - (870)732-7500 - Fax (870)732-7604

Application for Solicitor's Permit Privilege License

Company/Organization Name _____
 Address _____
 Phone Number _____
 Fax Number _____
 Contact Name _____
 Contact's Title _____

NATURE OF BUSINESS AND PURPOSE OF SOLICITATION:

GENERAL AREA OF PLANNED SOLICITATION:

HAVE YOU OR ANYONE WHO WILL BE SOLICITING FOR YOUR COMPANY/ORGANIZATION EVER BEEN CONVICTED OF ANY CRIME OR FOR VIOLATING ANY ORDINANCE OF THE CITY OF WEST MEMPHIS:

Yes _____ No _____

If yes, explain,

List the three most recent cities in which your company/organization has operated:

City, State	Address While There
_____	_____
_____	_____
_____	_____

Permit Carrier Information

Name _____
 Permanent Address _____
 Local Address _____
 Telephone No. _____
 State w/Driver's License No. _____
 Date of Birth _____
 Social Security No. _____

I, Hereby swear (affirm) that all information made in the foregoing application are true.

Applicant's Signature

Date