



CITY OF LOS ALAMITOS

APPLICATION FOR PEDDLING, CANVASSING, AND SOLICITING PERMIT

Development Services Department
3191 Katella Ave., Los Alamitos, CA 90720-5600
Phone: (562) 431-3538 Fax: (562) 493-0678

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|---|
| FOR OFFICE USE ONLY |
| Filing Fee: \$160.00 |
| Application #: _____ |
| Received: _____ |
| DATE: _____ |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |

BUSINESS INFORMATION

Business Address: _____
Business Name: _____
Describe the exact nature of the product or service that is proposed to be solicited: _____

APPLICANT INFORMATION

Applicant's Legal Name: _____
Alias or Maiden Name: _____
Phone Number: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Sex: _____ Age: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Social Security Number: _____ Driver's License Number: _____ State: _____

Yes No Have you ever had an application for a Solicitor Permit denied?
 Yes No Have you ever worked or been employed as a Solicitor without a business license or permit?
 Yes No Have you ever had a Solicitor Permit revoked or suspended?
If yes to any of the above questions, please explain (Attach additional sheets of paper if necessary) _____

PREVIOUS RESIDENCES FOR THE LAST 5 YEARS

1. Address: _____
City: _____ State: _____ Zip: _____
Dates of Residence: _____
2. Address: _____
City: _____ State: _____ Zip: _____
Dates of Residence: _____

BUSINESS, OCCUPATION, OR EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

1. Business Name: _____ Business Type: _____
Dates of Employment: _____ Position Held: _____
Address: _____
City: _____ State: _____ Zip: _____
2. Business Name: _____ Business Type: _____
Dates of Employment: _____ Position Held: _____
Address: _____
City: _____ State: _____ Zip: _____

3. Business Name: _____ Business Type: _____
Dates of Employment: _____ Position Held: _____
Address: _____
City: _____ State: _____ Zip: _____

LIST ALL CRIMINAL CONVICTIONS FOR FELONY AND MISDEMEANORS

1. Offense: _____ Date: _____
City: _____ State: _____ Disposition: _____

2. Offense: _____ Date: _____
City: _____ State: _____ Disposition: _____

- Yes No Are you required to register under the California Penal Code Section 290?
- Yes No Are you required to register under the California Penal Code Section 457.1?
- Yes No Are you required to register under Health and Safety Code Section 11590?
- Yes No Are you required to register with the Orange County Probation Department as a registered gang offender?

LIST ANY JUDGMENTS LEVIED IN THE LAST 10 YEARS

1. Judgment: _____ Date: _____
City: _____ State: _____ Disposition: _____

2. Judgment: _____ Date: _____
City: _____ State: _____ Disposition: _____

Have you, the applicant (including a corporation or partnership), or a building in which you were employed or conducted a business, ever been subjected to an abatement proceeding under California Penal Code Section 112255-11235 or any similar provisions of law in a jurisdiction outside the State of California? Yes No

PERSONAL REFERENCES

1. Name: _____ Relationship to Applicant: _____
Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Name: _____ Relationship to Applicant: _____
Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____

3. Name: _____ Relationship to Applicant: _____
Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____

The following information is also required to be submitted:

- Fingerprints for purposes of establishing identification
- A government issued ID or passport that establishes that the applicant is at least eighteen (18) years of age
- Two (2) prints of a recent passport-size photograph of the applicant.

CERTIFICATION OF APPLICANT: I certify under penalty of perjury that the information provided on this document is true and correct. In addition, I authorize the City of Los Alamitos, its employees and agents to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the license.

Applicant's Signature: _____ Date: _____