

CITY OF NEWPORT, RHODE ISLAND

Application For Solicitor's and/or Canvasser's Certificate of Registration

NAME: _____ DATE: _____

SOC. SEC. NO. _____ TELEPHONE NO: _____

Physical Description: Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ AGE: _____

CURRENT ADDRESS: _____ Length (Years & Months): _____
(residence)

PREVIOUS ADDRESS: _____
(residence address during last three years, if other than present address)

Name and address of person, firm, corporation or association that applicant represents.

Name and address of employer during the past three years, if other than the present employer.

Brief description of nature of business and goods to be sold: _____

Names of magazines, journals or books: _____

Period of time for which certificate is applied. From: _____ To: _____ (month/day/year)

The date of the last application for certificate, if any _____

Names of three communities where applicant has solicited house to house recently.

Has a certificate of registration issued to applicant ever been revoked? Yes: _____ No: _____

Has applicant ever been convicted of a felony under the laws of this state or any other state or federal law of the United States? Yes: _____ No: _____

If "yes", explain fully giving TIME, PLACE, NATURE of OFFENSE and ACTION TAKEN:

Proposed Method of delivery: _____

If vehicle is used, give description of vehicle and license number: _____

Make/Model _____ Year _____ Color _____ State _____ Registration _____

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NAME: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC -----

My Commission Expires \_\_\_\_\_

# Days \_\_\_\_\_ License Fees: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ License Issued by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

ACTION BY COUNCIL: \_\_\_\_\_ ACTION DATE: \_\_\_\_\_ Certificate Number \_\_\_\_\_