

Registration No. _____

Fee Paid: \$ _____

**CITY OF ST. MATTHEWS
REGISTRATION OF APPLICATION FOR SOLICITOR**

Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Years at this address: _____

Business address (if different than above): _____

Address and place of residence during the past three years, if other than present address: _____

Applicant Age: _____ Physical Description of Applicant

Sex: _____ Eyes: _____ Hair: _____ Height: _____

Name and address of person, firm or corporation for whom the applicant is employed by or represents, and length of time of such employment or representation: _____

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

Description sufficient for identification of the subject matter of the solicitation in which the applicant will engage: _____

Period of time for which this certificate is applied? _____

Date, or approximate date of most recent application for certificate under this ordinance, if any: _____

Has a certificate of registration issued to the applicant under this ordinance ever been revoked? _____

Has the applicant ever been convicted of a violation or a felony under the laws of the Commonwealth of Kentucky or any other state or law of the United States? _____

Name of magazines, journals, or books concerning the solicitation which is sought to be made: _____

Names of the three most recent communities wherein applicant has solicited house to house: _____

Proposed method of operation: _____

Applicant's Signature _____

Social security number of applicant (may be refused) or Federal EIN: _____

Provide clear photograph of applicant, not to exceed 2"x3"

All statements made by the applicant upon the application or in connection therewith shall be under oath.

Subscribed and sworn to before me by the above named applicant on this _____ day of _____ 201____.

My Commission Expires: _____

Notary Public State at Large

**CERTIFICATE OF REGISTRATION
CITY OF ST. MATTHEWS**

SOLICITOR REGISTRATION

NAME: _____

This certifies that the above named person has registered as a solicitor with the City of St. Matthews. It does not imply approval of such solicitation.

City of St. Matthews Police Dept.

Reg. No. _____

Issued: _____ Expires: _____