

# CHECKLIST FOR SOLICITOR'S PERMIT

## LICENSING REQUIREMENTS

- \_\_\_\_\_ Application for Solicitor's Permit
- \_\_\_\_\_ Violation Statement
- \_\_\_\_\_ Credentials establishing relationship with employer
- \_\_\_\_\_ Division of Corporations filing (Fictitious name, LLC, Corporation)
- \_\_\_\_\_ Valid Driver's License or other form of picture identification
- \_\_\_\_\_ 2 Passport style photographs (must be taken no more than 60 days prior to applying for permit)
- \_\_\_\_\_ Penal Bond in the amount of \$1000 insured (Ord. 59-09, Section 13-25).
- \_\_\_\_\_ Fingerprint card (Hours of operations for fingerprinting are Monday thru Friday 11 AM until 2 PM). Please contact Records at the Police Department at 239-574-0695 if you are sending a group of people to get fingerprinted.
- \_\_\_\_\_ Liability Insurance Certificate showing City of Cape Coral as additional insured (Ord 59-09 Section 13-26).
- \_\_\_\_\_ Payment for the permit will be required before issuance, fee is determined by the period the permit is requested for.



**CITY OF CAPE CORAL**

**Department of Development Services/Code Compliance Division/Licensing**

SOLICITOR'S PERMIT # \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Telephone: \_\_\_\_\_ Social Security: \_\_\_\_\_

Florida Driver's License Number: \_\_\_\_\_  
(Copy attached)

Applicant's Present Address: \_\_\_\_\_

Physical description: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Present Employer's Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Period of Time Engaging in Business within the City: \_\_\_\_\_

Upon sale or order, will you demand, accept or receive payment or deposit of money in advance of final delivery? \_\_\_\_\_

Goods, wares, merchandise or services being offered: \_\_\_\_\_

Location where goods or property proposed to be sold or orders taken for sale are manufactured or produced. \_\_\_\_\_

Location where such goods or products are located at the time the application is filed and proposed method of delivery: \_\_\_\_\_

Last five cities or towns wherein the applicant has worked before coming to this city:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

It is agreeable that any untruth or misstatement contained in this application will be considered fraud, and sufficient reason for revocation of any permit to the applicant. This application shall be processed in accordance with Ordinance\_\_\_\_\_. It is agreeable if the permit is issued to me, I shall accept same, subject to all conditions in Ordinance \_\_\_\_\_.

I, \_\_\_\_\_, the undersigned applicant, affirm that the above statements are true and correct.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

STATE OF FLORIDA, COUNTY OF LEE

Before me this day personally appeared \_\_\_\_\_, who being duly sworn, deposes and says that the application is true and correct. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida

(Seal)

