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| <b>STAFF USE ONLY</b> |       |
| Control No.           | _____ |
| License No.           | _____ |
| Date Issued           | _____ |

**TOWN OF HAVERHILL  
PERMITTING AND LICENSING DEPARTMENT**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

**Application For Non-Charitable Solicitation**

Prior to a permit being issued, the following information must be provided along with a \$50.00 fee and photograph for each solicitor per Section 26 of the Haverhill Code of Ordinances.

**Name of Applicant:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Purpose and Nature of Activity:** \_\_\_\_\_

**If incorporated, names and addresses of officers, directors and resident agent:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Officers, Directors and Registered Agent:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dates of Solicitation (maximum 90 days):** \_\_\_\_\_ **to** \_\_\_\_\_

**DO NOT SOLICIT** at any home or development having a sign reading "NO PEDDLERS ALLOWED" or "NO SOLICITATIONS ALLOWED". No solicitation between 9:00pm and 8:00am.

I hereby certify that the information given in this application is true and correct and that I agree to comply with standards set forth by the Town of Haverhill and to comply with the conditions imposed by the Town to insure compliance with such standards. I acknowledge that a departure there from may result in possible revocation of this solicitation permit.

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**OFFICE USE ONLY:**

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LICENSE AMOUNT:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_ **PAID BY CHECK #** \_\_\_\_\_ **OR CASH**