



**CITY OF BELMONT**  
**APPLICATION FOR SOLICITOR'S AND PEDDLER'S PERMIT**

- ▶ At the time of filing application, a non-refundable fee of **\$200.00** must be paid to cover the cost of a Police Permit and fingerprints.
- ▶ **Please contact the Police Department at (650) 595-7400 to schedule an appointment.**
- ▶ Each individual who wishes to solicit must submit an application and required fee.
- ▶ Completion of a business license application and a payment of the license tax are also required.

**PLEASE PRINT**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Marks, Scars, Tattoos \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No \_\_\_\_\_ Driver's License & State \_\_\_\_\_

Description of Product To Be Sold \_\_\_\_\_

Length of time you wish to do business in Belmont \_\_\_\_\_

Are you representing yourself?    Yes    No    Employed by \_\_\_\_\_

Name of Manager(s) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Firm \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Method of Soliciting or Taking Orders \_\_\_\_\_

How is Merchandise Delivered to Customer?    Mail    Personal Delivery    Freight

Vehicle License No. \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

In what Cities have you last been granted a Permit or License?

\_\_\_\_\_

**NON-PROFIT, CHARITABLE OR FRATERNAL ORGANIZATION REQUEST FOR PERMIT FEE EXEMPTION**

Yes      No

Have you ever been convicted of a Crime other than Traffic Violations?      Yes      No

If yes, please explain.

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**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION CONTAINED HEREIN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND COMPLETE STATEMENT. I REALIZE THAT INVESTIGATION AND APPROVAL OR DISAPPROVAL MAY TAKE UP TO 30 DAYS FROM THE DATE OF FILING THIS APPLICATION.**

**SIGN HERE:**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY: \*\*\*Attach list of all corporate officer, financial statements, and supervisors' name.**

Permit Approved: _____ Chief of Police
Permit Denied: _____ Chief of Police
Reason for denial: _____
Date Issued: _____

Permit Exemption Approved: _____ City Attorney
Permit Exemption Denied _____ City Attorney
Reason for denial: _____
Date Issued: _____