

Wayland Police Department

Application for Soliciting Permit

Date _____

Name _____
(Last) (First) (MI)

Address _____

Previous Address _____

(If less than 5yrs) _____

Phone # _____ Cell # _____

Date of Birth: _____ Social Security #: _____

Drivers License # _____ State: _____

Race _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Product Being Sold: _____

Name of Company: _____

Address: _____

Phone # _____

Vehicle Being Used: _____ / _____ / _____

License Plate: _____ State: _____

Signature: _____ Date: _____

- **Soliciting hours are Monday through Saturday 9:00 a.m. to 5:00 p.m.**
- **I.D. Must be visible at all times - Fee \$50.00**

Police Use Only:

Permit # _____ Issued Date _____ Expires _____

(Feb.2008)