

Crystal K. Kinzel Collier County Clerk of the Circuit Court and Comptroller 3315 Tamiami Trail East, Suite 102 Naples, Florida 34112-5324

NO._____

Attach Photo Here

HOME SOLICITATION SALES PERMIT APPLICATION

NAME OF APPLICANT			
(Last) (First) (Middle)			
DATE OF BIRTH	RACE	SEX	_
DRIVER LICENSE#		ISSUING STATE	
PHONE	ALTERNATE PH	ONE	
PERMANENT RESIDENCE	ADDRESS		
LOCAL RESIDENCE ADDRE	ESS		
NAME OF APPLICANT'S EN	IPLOYER		
OCCUPATIONAL LICENSE	#		
ADDRESS OF EMPLOYER			
HAVE YOU EVER PLEADED OF A CRIME? IF YES			
WHAT WAS THE DISPOSIT	ION?		
WHAT WAS THE PUNISHM	ENT OR PENALTY ASSESS	ED?	
I certify that the information of knowledge, and understand t issuance of my home solicita application is non-refundable	hat falsification of this application sale permit. I understand	ation in any detail may be	grounds for denying
Applicant's Signature		Date	
Subscribed and sworn to bef	ore me this day of	20	
CRYSTAL K. KINZEL			
CLERK OF THE CIRCUIT C	OURT & COMPTROLLER	((Seal)
BY:	, Depu	ty Clerk	