

Clark County Soliciting Ordinance Permit

Applicant's Name _____
Last First Middle

Home Address _____
Mailing Address City/State/Zip

Previous Address _____
Mailing Address City/State/Zip

Telephone # _____ Date of Birth _____

Company Represented/Employer _____

Company Address _____
Mailing Address City/State/Zip

Applicant's Supervisor's Name _____

Company Telephone # _____ Supervisor's Telephone # _____

Years with Employer _____ Years with Previous Employer _____

Local Address _____
Mailing Address City/State/Zip

Local Telephone # _____

Vehicle Description _____
Year Make Model Color

License #/State _____ Product Selling _____

Delivery Method _____ Purchase/Delivery Time _____

Describe Sales Method Used _____

Length of Time Sales will be made in Clark County _____

Applicant's Signature _____ Date _____

-----Clark County Sheriff's Office Completes This Section-----

This permit expires on _____

Permit Issued by _____ Date _____
Name/Title

\$5 Soliciting Permit Fee Paid Cash Check (# _____) Date _____