



CITY OF NORCO

2870 CLARK AVENUE, NORCO CA 92860
(951) 270-5679 FAX. (951) 270-5668

SOLICITOR'S BUSINESS LICENSE

NAME OF BUSINESS _____

Applicant Name _____
Last First MI Length of time at current residence

Address _____ Telephone # _____

City/State _____ Social Security # _____

Date of Birth _____ Place of Birth (City/State) _____ Driver License # _____

NATURE OF GOODS OR TYPE OF SERVICE _____

List of previous solicitor business or practice within the last 12 months:

Name of Business	City	County	State

Have you ever been convicted of a felony or misdemeanor? (circle one) Yes No If yes, state the nature of each offense, date of conviction, the sentence received, and the court in which each conviction and sentence was entered.

NOTE:

The application may be rejected if the activities sought to be permitted do not comply in every way with the rules, regulations and laws applicable thereto and/or if the City Manager believes that the applicant's background, character or proposed activity is detrimental to the public health, peace, safety or welfare

UNER PENALTY OF PERJURY, I DECLARE THE FOREGOING TO B E TRUE AND CORRECT

SIGNATURE _____ DATE _____

LICENSE FEE \$ _____ (\$10.00 per day or \$100.00 annually) PROCESSING FEE \$ 25.00

TOTAL FEES DUE \$ _____

FOR OFFICE USE ONLY

	DATE	APPROVED	DISAPPROVED
CITY MANAGER	_____	_____	_____
FIRE DEPARTMENT	_____	_____	_____
SHERIFF'S DEPT.	_____	_____	_____

COMMENTS: _____

