



SOLICITORS APPLICATION FOR PERMIT

(TOWN OF LYMAN ORDINANCE #04102023 _____)

LEGAL NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

BUSINESS OFFICE DAYTIME PHONE _____

BUSINESS ORGANIZATION TYPE _____

(CORP, LLC, PARTNERSHIP, NON-PROFIT, ETC.)

DOCUMENTATION PRESENTED TO VERIFY BUSINESS TYPE _____ YES _____ NO

NATURE OF BUSINESS _____

GOODS/SERVICES SOLD _____

LENGTH OF TIME REQUESTED FOR PERMIT / DATES _____

SUPERVISOR OR POINT OF CONTACT NAME _____

DAYTIME PHONE _____ CELL PHONE _____

EMAIL _____ WEBSITE _____

APPLICANT NAME _____

APPLICANT ADDRESS _____

PHONE NUMBER _____ CELL PHONE _____

DATE OF BIRTH _____ SSN _____

SEX _____ RACE _____

DRIVER'S LICENSE NO. _____ STATE ISSUED _____

OTHER PHOTO ID VERIFICATION: U.S. PASSPORT OR A FOREIGN PASSPORT THAT CONTAINS A TEMPORARY I-551 STAMP OR TEMPORARY I-551 PRINTED NOTATION ON A MACHINE READABLE IMMIGRANT VISA. TYPE _____ ID NO. _____

APPLICANT SIGNATURE _____ DATE _____

NOTARY SIGNATURE _____ DATE _____

COUNTY _____ DATE COMMISSION EXPIRES: _____

OFFICE USE ONLY

PERMIT APPROVED _____ YES _____ NO

CHIEF OF POLICE SIGNATURE _____ DATE _____