



CERTIFICATE OF REGISTRATION FOR SOLICITATION APPLICATION

1. Applicant's Name _____ Date of Birth _____

2. Street Address/City, State & Zip of Applicant

3. Telephone No. (____) ____ - ____; Fax No (____) ____ - ____ E-mail Address _____

4. Soc. Sec. No. ____ -- ____ -- ____ Driver License No. _____ State _____

Signature of Applicant _____

6. Trade Name or "D.B.A." of Business _____

7. Legal Name (if different from D.B.A.) _____

8. Street Address/City, State & Zip of Business _____

9. Mailing Address (if different from street address) _____

10. Telephone No. (____) ____ - ____; Fax No (____) ____ - ____ E-mail Address _____

11. Has business or applicant ever been revoked for a permit, license, or certificate of registration in connection with soliciting from any city? (Yes) / (No) If Yes explain: _____

12. Purpose for which soliciting will be done. _____

13. Description of presentation method. _____

14. Owners, Partners, Officers, or Managers (list additional persons on reverse side)

Name	Address	Title
_____	_____	_____
_____	_____	_____

15. Attachment the following: valid driver license of any state, valid United States Uniform Service Identification, valid passport, a valid identification issued by any agency of state for the purpose of identification of the holder

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I take full responsibility for this application and to comply at all times with and to fully observe all of the provisions of the door-to-door soliciting ordinance, as appears in Ordinance No 109-02 of the City of Opelika ordinance. I further certify that I will not state, imply, or represent to any person that the issuance of the certificate of registration is an endorsement by the City of Opelika of the product, service, solicitor, or the organization I represent.

Print Name of Applicant

Signature of Applicant

Title

Date