



HANOVER COUNTY SOLICITOR'S PERMIT APPLICATION



Applicant's Full Legal Name: _____ Date of Birth: _____

Permanent Home Address: _____ Height: _____ Weight: _____

City: _____ State: _____ Zip code: _____ Color Eyes: _____ Color Hair: _____

Present Temporary Address: _____ Room or Lot No.: _____

City: _____ State: _____ Zip code: _____ Telephone: _____

Last Temporary Address: _____

City: _____ State: _____ Zip code: _____ Length of Stay: _____

Name of Current Employer or Company: _____ Present Job Title: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip code: _____ Length of Employment: _____

Previous Employment: _____

Address: _____ Job Title: _____

City: _____ State: _____ Zip code: _____ Length of Employment: _____

List the kind of goods offered for sale or the type of service(s) to be performed:

List the specific area(s) of Hanover that you will be working: _____

FOR HCSO OFFICE USE ONLY: The following must be attached by the HCSO Records Department:

Copy of Paid Receipt from Treasurer's Office
 Initial 30 Day
 12 Month Permit
 Copy of ID & Social Security Card
 Date Stamp Applied

Records Department Initials & Date: _____

Name of Supervisor: _____ Telephone: _____

Current Address
of Supervisor: _____ Room or Lot No.: _____

City: _____ State: _____ Zip code: _____

****REQUIRED SECTION FOR APPROVAL****

Make of Vehicles _____ Will Vehicle Be Used: Yes/No
Used: _____ Model: _____ Year: _____ Color: _____

License No.: _____ State: _____ Is this vehicle registered in your name? _____

Name of Registered Owner: _____

Address Where Vehicle
Currently Kept: _____

Company's I.D. Card No.: _____ Expiration Date: _____

****REQUIRED SECTION FOR APPROVAL****

Have you ever been convicted of a Felony? Yes _____ No _____ Date: _____

Jurisdiction: _____ State: _____

Nature of Felony: _____

Have you ever been convicted of an offense reduced from a Felony? Yes _____ No _____

Explain: List date and jurisdiction: _____

Have you ever been convicted of any offense? Yes _____ No _____ Explain: _____

Anticipated length of stay in Hanover as a solicitor: _____

I certify that this information is true and accurate: _____

Applicant's Signature _____

Date _____

FOR OFFICIAL USE ONLY

Recommended for approval to County Administrator
Lt. Terry Sullivan for Colonel Dave R. Hines, Sheriff

Not Recommended

Recommended

Signature _____

Date _____