

CITY OF LA MIRADA
NON CHARITABLE SOLICITATION PERMIT (FEE \$188)
Updated 06/2022

Applicant's Name: _____

Home address: _____

City _____ Zip _____ Phone (____) _____

Business address: _____

City _____ Zip _____ Phone (____) _____

Employee Name/Address _____

Home address: _____

City _____ Zip _____ Phone (____) _____

City Business License No:

Description of Applicant: Ht __ Wt __ Hair __ Eyes __ Complexion __ Date of Birth: __/__/__

Have you been convicted of a misdemeanor or felony within the previous ten years? Yes ___ No ___

If so, describe the nature of the offense, the date of conviction, and the penalty or punishment.

Have you had a solicitation permit revoked within the previous ten years? Yes ___ No ___

If so, describe the nature and date of the revocation. _____

Briefly describe the nature of the business, goods or services to be sold, proposed method of delivery, and any vehicles to be utilized in connection with the solicitation. _____

The length of time for which the permit is desired, not to exceed one year. _____

Applicant's Signature

Date