



City of Kerman

COMMUNITY COMES FIRST

850 S. MADERA AVE.
KERMAN, CA 93630
FAX: (559) 846-6199
TELEPHONE: (559) 846-9385

SOLICITOR APPLICATION

Note: Application does not constitute a business license. If application is approved, subject to conditions, there may be an additional fee for the business license.

1st Quarter Fee: \$164.00

OWNER INFORMATION

Name _____
Home Address _____ City _____ State _____ Zip _____
Telephone No. () _____ Cell Phone No. () _____
E-Mail _____

BUSINESS INFORMATION

Name _____
Site Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone No. () _____ Fax No. () _____
Email: _____
Contractor's License No. _____ Expiration Date _____
Other License _____ Expiration Date _____
Is this a home occupation _____ (Only Applicable to Property within City Limits)
Will any contract, warranty, agreement or other written document signed by purchaser be issued: Y N
Will you require a deposit/payment in advance? Y N
Business Operates with (circle one) Sole/No employees 1-5 employees 6-10 employees 11 or more
Type of Ownership (circle one) Sole Partnership Corporation No. _____
State Tax I.D. _____ Federal Tax I.D. _____
State Sales Tax No. _____

Describe type of business (Include a Specific Description of Item(s) to be sold & method of delivery)

NAME OF CORPORATE OFFICERS OR PARTNERS

Name _____ Title _____

Home Address _____

Phone: () _____ Alternate Phone () _____

E-Mail Address _____

Name _____ Title: _____

Home Address _____

Phone () _____ Alternate Phone () _____

E-Mail Address _____

LIST ALL VENDORS

Name _____ Occupation _____

Home Address _____

Phone: () _____ Alternate Phone () _____

DOB: _____

Name _____ Occupation _____

Home Address _____

Phone: () _____ Alternate Phone () _____

DOB: _____

Name _____ Occupation _____

Home Address _____

Phone: () _____ Alternate Phone () _____

DOB: _____

Name _____ Occupation _____

Home Address _____

Phone: () _____ Alternate Phone () _____

DOB: _____

CONDITIONS OF APPROVAL

I acknowledge that the issuance of a business license does not exempt me from the requirements of any application of City, County, or State laws.

Your Signature _____ Title _____

Driver License # _____ State _____ Expiration Date _____

Social Security Number _____

PROPERTY INFORMATION (If unknown leave blank)

Property Owner _____
Address _____ City _____ State _____ Zip _____
Phone _____ Square Footage _____ Paved Yes _____ No _____
Assessor's Parcel Number _____

FOR CITY USE ONLY

Clearance With

1. Planning Department _____
2. Building Division _____
3. Police Department _____
4. Finance Department _____

COMMENTS: _____

TERMINATED: _____
UPDATED: _____
NEW OWNERS: _____
RENEWED: _____