

**CITY OF CHADRON, NEBRASKA  
APPLICATION FOR SOLICITOR LICENSE**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
City

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
City

Personal Phone No. \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

**LICENSE REQUESTED**

Solicitor      \$10.00 Daily \_\_\_\_\_      \$25.00 Week \_\_\_\_\_      \$100.00 Annual \_\_\_\_\_

Name of Company/Corporation Represented: \_\_\_\_\_

SUPERVISOR:      Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Date/s Products/Goods will be sold in Chadron: \_\_\_\_\_

Type of Products/Goods to be sold: \_\_\_\_\_

Where Products/Goods were obtained: \_\_\_\_\_

Date obtained: \_\_\_\_\_ From whom obtained: \_\_\_\_\_

Description of place or location of sales within the City of Chadron: \_\_\_\_\_

Temporary Chadron address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**BUSINESS REFERENCES**

1.      Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_
2.      Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_
3.      Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**FINANCIAL REFERENCES  
(Bank and Other)**

1.      Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_
2.      Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**LICENSE IN OTHER COMMUNITIES  
(List 3 Most Recent)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Motor Vehicle License No.: \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_

Operator's License No.: \_\_\_\_\_ Description of Vehicle: \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Physical Description:      Height \_\_\_\_\_      Color of Hair \_\_\_\_\_  
   Weight \_\_\_\_\_      Color of Eyes \_\_\_\_\_  
   Male \_\_\_\_\_      Female \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

STATE OF NEBRASKA      )  
County of Dawes        ) ss.

Under penalty of perjury, and upon being sworn on oath, the undersigned does hereby state that the foregoing information is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
City Clerk/Notary Public

(S E A L)