



CITY OF DOUGLAS

Door-to-Door Commercial Solicitation Application

Information Regarding Applicant/Entity:

Company Name: _____ Company Tax ID#: _____

Company Address: _____ City: _____ State/ZIP: _____

Company Phone #: _____ Alt. Phone: _____ Wyoming Sales Tax #: _____

Nature of Goods/Services to be Solicited: _____

Responsible Person or Entity (if different from above): _____

Name/Address/Phone of Immediate Supervisor (if applicable): _____

Comprehensive Liability Insurance Carrier: _____

(Note: City must be named an additional insured; amount of coverage shall be not less than \$500,000 to \$1,000,000 in coverage; proof of insurance is required.)

Surety Performance Bond Company *(A performance bond in the amount of ten thousand (\$10,000) dollars signed by a surety company authorized to do business in the state of Wyoming is required if deposits are required by applicant from customers; copy of bond must be provided to the City of Douglas):* _____

Printed Name of Applicant/Entity Representative: _____

Signature of Applicant/Entity Representative: _____

Provide the following information for each individual to be authorized under this permit. Please attach a separate sheet of paper if more space is needed.

1. Name, address, phone number and date of birth;
2. A current copy of the person's criminal background check as maintained by the Wyoming Bureau of Investigation;
3. A five (5) year driver's history from the Wyoming Department of Transportation dated no more than sixty (60) days prior to the date of the application;
4. A description of the individual, including height, weight, color of eyes and color of hair;
5. Proof of identification by submittal of any of the following that bear a photograph of said person:
 - i. A valid U.S. driver's license or identification card issued by any state;
 - ii. A valid United States uniformed service identification card;
 - iii. A valid U.S. passport and work Visa; or
 - iv. U.S. Citizenship & Immigration Services Green Card.
6. A description of all vehicles that the applicant will use and license plate number;
7. License plate for every vehicle to be used by individual's covered under this permit; and
8. Any other information determined to be relevant by the administrative official.

Full Name: _____
Birth Date: _____ Social Security Number: _____ Gender: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
All Former Names and/or Aliases: _____
Driver's License #: _____ State: _____ Expires: _____
Vehicle Model: _____ Make: _____ Year: _____ Vehicle License #/State: _____
Address: _____ City: _____ State/ZIP: _____ Since: _____
Home Phone: _____ Cell Phone: _____
Signature: _____

Full Name: _____
Birth Date: _____ Social Security Number: _____ Gender: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
All Former Names and/or Aliases: _____
Driver's License #: _____ State: _____ Expires: _____
Vehicle Model: _____ Make: _____ Year: _____ Vehicle License #/State: _____
Address: _____ City: _____ State/ZIP: _____ Since: _____
Home Phone: _____ Cell Phone: _____
Signature: _____

Full Name: _____
Birth Date: _____ Social Security Number: _____ Gender: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
All Former Names and/or Aliases: _____
Driver's License #: _____ State: _____ Expires: _____
Vehicle Model: _____ Make: _____ Year: _____ Vehicle License #/State: _____
Address: _____ City: _____ State/ZIP: _____ Since: _____
Home Phone: _____ Cell Phone: _____
Signature: _____

Full Name: _____
Birth Date: _____ Social Security Number: _____ Gender: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
All Former Names and/or Aliases: _____
Driver's License #: _____ State: _____ Expires: _____
Vehicle Model: _____ Make: _____ Year: _____ Vehicle License #/State: _____
Address: _____ City: _____ State/ZIP: _____ Since: _____
Home Phone: _____ Cell Phone: _____
Signature: _____

TO BE COMPLETED BY CITY CLERK

Filing Fee \$200 _____	Receipt # _____	Date of Approval _____
License # issued _____	Date Received _____	Expiration Date _____