

# City of Lebanon Solicitor's License Application

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Pursuant to Ordinance 112.11, of the City of Lebanon, Indiana, application is hereby made for License to transact temporary or transient business within the corporate limits of Lebanon, Indiana, and the following information is submitted.

## INDIVIDUAL REQUESTING SOLICITOR'S LICENSE

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Numeric, Street, City, State and Zip Code)

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Description: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_  
Eye Color \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Valid Driver's License Number and State: \_\_\_\_\_

Valid State or Federal Issued Identification Card Number: \_\_\_\_\_

***\*A copy of your Valid Driver's License or State or Federal Issued Identification will be made\****

Car Make: \_\_\_\_\_ Car Type: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PREVIOUS EMPLOYER INFORMATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
(Numeric, Street, City, State and Zip Code)

Supervisor's Name: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

**BUSINESS AND PRODUCT INFORMATION**

Name of Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Length of Employment with Employer: \_\_\_\_\_  
(Month, Day, and Year Employment Began)

**DESCRIPTION OF BUSINESS TO BE CONDUCTED, GOODS OR  
PROPERTY TO BE SOLD, OR PURPOSE OF THE NON-COMMERICAL  
SOLICITATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Detailed information including handouts, product or services being explained and/or sold)

I swear and affirm that the above information is true and accurate. I understand there is a 7 day waiting period, from the date all of the information is received to the Lebanon Police Department, before the license can be issued. I consent and agree that the City of Lebanon may perform a criminal history/background search. I understand and agree that the completion of this form does not guarantee a license will be issued.

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Signature of Applicant

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Date

**Chad Morgan  
Chief of Police  
Lebanon Police Department  
201 East Main Street  
Lebanon, IN 46052  
(765) 482-8836**