2017
VACAVILLE POLICE DEPARTMENT
Special Event
PERMIT APPLICATION

PLEASE PRINT LEGIBLY
USE BLACK OR BLUE INK

PERSONAL INFORMATION:

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

BIRTH DATE: _____ RACE: _____ SEX: (CIRCLE ONE) MALE FEMALE

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____LB

DRIVERS'S LICENSE NUMBER: _____ SOCIAL SECURITY NUMBER _____-_____-_____

ADDRESS: _____ CITY _____ STATE_____ ZIP _____

PHONE NUMBERS: HOME _(____)_____-_____ CELL _(____)_____-_____ OTHER_(____)_____-_____

IN CASE OF EMERGENCY, NOTIFY: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY _____ STATE_____ PHONE _(____)_____-_____

BUSINESS INFORMATION:

NAME OF BUSINESS: _____

DESCRIPTION OF PRODUCT/NATURE OF BUSINESS: _____

BUSINESS ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _(____)_____-_____ SUPERVISOR'S NAME: _____

NAME OF PERSON AUTHORIZED TO ACCEPT SERVICE OF LEGAL PROCESS: _____

VEHICLE USED IN BUSINESS: YEAR _____ MAKE _____ COLOR _____ PLATE # _____ STATE _____

LICENSING INFORMATION:

CITY OF VACAVILLE BUSINESS LICENSE NUMBER: _____ EXPIRES: _____
(IF NON-PROFIT, OR OTHERWISE EXEMPT FROM BUSINESS LICENSE REQUIREMENT, ATTACH APPROPRIATE DOCUMENTS FROM THE STATE OF CALIFORNIA)
INTERSTATE COMMERCE PERMIT NUMBER: _____
(5.16.090 VMC) **(ATTACH A COPY IF APPLICABLE)**
STATE CONTRACTOR LICENSE NUMBER: _____SOLANO CO. HEALTH DEPT. PERMIT NUMBER: _____

POLICE USE ONLY

$30 FEE PAID: ____
RECEIPT #: _____
RECORD CHECK: _____
ISSUED BY: _____
DATE ISSUED: _____

By signing this document, I also acknowledge the following rules of Soliciting/Vending/Peddling:

1. I understand that applications for a Permit require background checking and herby authorize any a background checks by the City of Vacaville.
2. I further understand and acknowledge the following rules of soliciting/vending/peddling:
   (a) I shall not force myself into a resident's home;
   (b) I shall always wear the Permit provided by the Vacaville Police Department when solic Vending/peddling; and
   (c) Such Permit is subject to revocation if I fail to comply with the rules set forth in Chapt 9.18 of the Vacaville Municipal Code.

X_____
(Signature)

Contact 707-449-5229 with any questions/660 Merchant Street, Vacaville, CA.95688