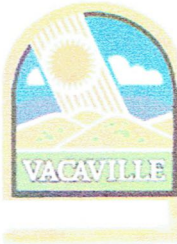


2018
VACAVILLE POLICE DEPARTMENT
Special Event
PERMIT APPLICATION



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:

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

X _____
 (Signature)