



# Solicitor Permit

(exp. 12/31)

City of Madison Clerk

210 MLK Jr Blvd, Room 103  
Madison, WI 53703

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)

608-266-4601

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(scanned)

\_\_\_\_\_  
(Leg file number)

\_\_\_\_\_  
(Processing step)

\_\_\_\_\_  
(initials)

- **This permit is for face-to-face contact offering a service rather than selling a physical in-hand product.**
- We **will** need your company's State Seller's Permit ID Number (see page two).
- **Minors** under 12 years of age are not permitted to work in any street trade. See Wisconsin Statutes 103.23.
- **Photograph and ID:** A photograph 2 inches by 2 inches showing the head and shoulders, taken not more than one year prior to application is required. We also need a copy of your driver's license or ID card.
- **Background investigation** may take two weeks after application has been filed with the City Clerk. Proper identification is required. An investigative report of your application will be made by the Madison Police Department. Such report may provide a basis for license refusal or revocation. (Madison General Ordinances. Section 9.14)

## Your Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Residence: \_\_\_\_\_ Email: \_\_\_\_\_  
city, state & zip code

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ DL State: \_\_\_\_\_

License Plate Number of vehicle driven: \_\_\_\_\_ State if not WI: \_\_\_\_\_

Other than the address above, places of residence for the past five years:

Address	From (date)	To (date)

Last 3 cities in which you worked	Address from which business was conducted	Date you left

**Your Employer's Information**

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

Employer's 15-digit State Seller's Permit Number: \_\_\_\_\_

Contact Person for Employer: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Brief description of the nature of business and goods or services to be sold: \_\_\_\_\_

\_\_\_\_\_

Source of supply of goods or services to be sold: \_\_\_\_\_

Location of goods/services at time of application (if applicable): \_\_\_\_\_

Is a deposit collected?  No  Yes -- \$ \_\_\_\_\_ Method of Delivery: \_\_\_\_\_

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance?

No  Yes -- Describe the nature of offence and punishment or penalty assessed:

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant**

The statements above are true & correct to the best of my knowledge.

**X** \_\_\_\_\_ Date: \_\_\_\_\_