

APPLICATION
HOME SOLICITORS PERMIT
BREVARD COUNTY, FLORIDA

Name (first, middle, last)	
Social Security Number	
Permanent Residence Address	
Business Telephone Number	
Home Telephone Number	
Local Residence Address	
Date of Birth	
Place of Birth (city and state)	
Race	
Sex	
Marital Status	
Employer's Name	
Employer's Address	

Have you ever been convicted of, pleaded Guilty or Nolo Contendere to any Crime? Yes No

If Yes, state the nature of the offense; place of offense; punishment or penalty assessed therefor:

I have current required County or Municipal Occupational License.

I understand that this Permit can or will be revoked if I am convicted of, plea Guilty or Nolo Contendere to any crime in any jurisdiction.

I do solemnly swear that all of the above is true and correct.

Applicant's Signature

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me on this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did did not take an oath.

Notary Public

Print or type name