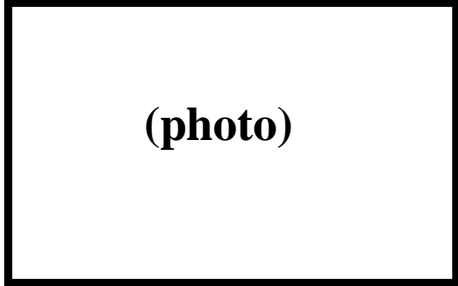


# SOUTH HAMPTON SOLICITATION AND CANVASSING APPLICATION



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

Permanent Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local( if different): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell#: \_\_\_\_\_

Social Security #: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Self-Employed

Business Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Motor vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
color: \_\_\_\_\_

Registration #: \_\_\_\_\_ State: \_\_\_\_\_ Same

Registered owners Name and Address: \_\_\_\_\_   
\_\_\_\_\_  
\_\_\_\_\_

----- **Authority** -----

Date of permit: (Begin) \_\_\_\_\_ (End): \_\_\_\_\_

**Granted:**

**Denied:**

Authority: \_\_\_\_\_