

Registration No. \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

**CITY OF ST. MATTHEWS  
REGISTRATION OF APPLICATION FOR SOLICITOR**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Years at this address: \_\_\_\_\_

Business address (if different than above): \_\_\_\_\_

Address and place of residence during the past three years, if other than present address: \_\_\_\_\_

Applicant Age: \_\_\_\_\_ Physical Description of Applicant

Sex: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_

Name and address of person, firm or corporation for whom the applicant is employed by or represents, and length of time of such employment or representation: \_\_\_\_\_

Name and address of employer during the past three years, if other than present employer: \_\_\_\_\_

Description sufficient for identification of the subject matter of the solicitation in which the applicant will engage: \_\_\_\_\_

Period of time for which this certificate is applied? \_\_\_\_\_

Date, or approximate date of most recent application for certificate under this ordinance, if any: \_\_\_\_\_

Has a certificate of registration issued to the applicant under this ordinance ever been revoked? \_\_\_\_\_

Has the applicant ever been convicted of a violation or a felony under the laws of the Commonwealth of Kentucky or any other state or law of the United States? \_\_\_\_\_

Name of magazines, journals, or books concerning the solicitation which is sought to be made: \_\_\_\_\_

Names of the three most recent communities wherein applicant has solicited house to house: \_\_\_\_\_

Proposed method of operation: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Social security number of applicant (may be refused) or Federal EIN: \_\_\_\_\_

*Provide clear photograph of applicant, not to exceed 2"x3"*

All statements made by the applicant upon the application or in connection therewith shall be under oath.

Subscribed and sworn to before me by the above named applicant on this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public State at Large

**CERTIFICATE OF REGISTRATION  
CITY OF ST. MATTHEWS**

**SOLICITOR REGISTRATION**

**NAME:** \_\_\_\_\_

This certifies that the above named person has registered as a solicitor with the City of St. Matthews. It does not imply approval of such solicitation.

City of St. Matthews Police Dept.

Reg. No. \_\_\_\_\_

Issued: \_\_\_\_\_ Expires: \_\_\_\_\_