

CITY OF HOLMES BEACH

SOLICITOR REGISTRATION APPLICATION

SUBMITTAL DATE: _____

NAME, ADDRESS AND PHONE NUMBER: _____

LOCATION OF SOLICITATION: _____

DATE/HOURS OF SOLICITATION: _____

TYPE OF SOLICITATION: _____

PERMITTED HOURS: 9:00 a.m. – 7:00 p.m.

I hereby acknowledge reading Chapter _____ (Sections __ through ____), and that I am aware of the regulations outlined therein.

(Signature)

(Name of Company)

_____ Registration Accepted

_____ Registration Denied

City of Holmes Beach Police Dept.

Expiration date: _____

NOTICE: ACCEPTANCE OF SOLICITOR REGISTRATION DOES NOT CONSTITUTE AN ENDORSEMENT BY THE CITY OF HOLMES BEACH. THE CITY OF HOLMES BEACH REQUIRES SOLICITOR REGISTRATION FOR INFORMATION PURPOSES ONLY AND MAKES NO REPRESENTATIONS AS TO THE CHARACTER OR LEGITIMACY OF ANY SOLICITOR.