



CITY OF ROANOKE PEDDLERS AND SOLICITORS PERMIT

Permit No. _____

Full Name of Applicant: _____

Permanent Address: _____

Email: _____ Phone: _____

Name of Entity: _____

Business Address: _____

Business Phone: _____

Individual in Charge of/Control of Funds for Organization:

Name: _____ Phone: _____

Address: _____

Name and Address of Individual(s) Allowed to Solicit Under Permit*:

NAME	ADDRESS

**Maximum of 4 solicitors per application.*

Please list 5 references with address, excluding relative or persons living with applicant:

NAME	ADDRESS

Please indicate how solicitation will take place:

Please indicate the kind, type and character of goods or services you propose to offer for sale. Include brand name, manufacturer, distributor of goods and commodities, publisher and distributor of books, magazines or periodicals:

Please list Cities you have solicited in in the past 6 months:

This peddlers and solicitors permit is issued in accordance with the City of Roanoke Ordinance No. 2006-105. The issuance of the permit is not an endorsement by the City of Roanoke or any of its officers or employees.

I affirm that the above information is true and correct to the best of my knowledge and I understand that I will be liable for prosecution for willful false information.

Signature

Date

For Office Use Only:

- 2 forms of photo identification.
- Copy of company's sales tax ID form, or similar financial equivalent documentation.
- Copy of information to be distributed.

Permit valid for 6 months.



Applicant Notification / Release of Information



In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that prospective employer and/or First Check may make inquiries but not limited to my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that prospective employer and/or First Check may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by prospective employer and/or First Check to furnish any or all of the above mentioned information. In addition, I hereby release First Check and prospective employer from any and all liability for damages arising from the investigation and disclosure of the employees and other persons, who, in good faith provide to prospective employer and/or First Check the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

Print Full Name: _____

Social Security: _____ *Date of Birth ____/____/____

Current Address: _____

City/State/Zip _____

Drivers License # _____ State _____

Applicant's Signature: _____

*Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes. **Only when requested.

Please list all misdemeanor and felony criminal matters, other than minor traffic safety violations for which no arrest was made, in which you were convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution.

NAME	DOB	SSN	DL #
NAME	DOB	SSN	DL #
NAME	DOB	SSN	DL #
NAME	DOB	SSN	DL #
NAME	DOB	SSN	DL #