

City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Solicitation Permit Application

The issuance of a solicitation permit does not constitute an endorsement of the validity or reliability of any product, cause, solicitation, or solicitor which this permit allows. Please refer to Ordinance on www.municode.com.

Application Date		ID # (issued by City)				Fee \$25- If applicant does not meet criteria a refund will not be provided				
Applicant Name		Home Address			City, State, Zip					
Business Name		Business Address			City, State, Zip					
Date of Birth Hair Color		Race	Race Heigh		ht Weight		Sex Ev		Color	
				,						
Drivers License #		Vehicle Used (Year,	Vehicle Used (Year, Make, Model)			License Plate Tag Number				
If applicant is a minor: Name of supervisor		Supervisor's cell pho	Supervisor's cell phone number				Supervisor's permit #			
Applicant telephone number		Business telephone number								
Nature of Activity (Product & Method	d of Delivery)									
If so, explain: () Are you required	I to obtain a "hog on behalf of a		e" perrzation	nit pursuant to?	s. 501.0	22, Flori	da Statutes?			
Print Name			Signature of Applicant						_	
Approved: City Manager		Date						_		
PLEASE ATTACH THE FO 1. COPY OF DRIVER LICE 2. IF APPLICABLE, COPY 3. IF APPLICABLE, COPY 4. COPY OF FDLE CHECK UPON ISSUANCE OF PER	NSE OR STAT OF HOME SO OF FLORIDA S AVAILABLE	LICITATION SALE SALES TAX EXEM AT http://www.fdle	S PER PTIOI s.state	MIT ISSUED N CERTIFICA fl.us/Crimina	TE al-History	/-Record	·		ATUTES.	
OFFICE USE ONLY: photo	ograph Driv	vers License or State ID (Cord	Home Solic	itation Cala	normit	FI Sales Tax Exem	ant	FDI F check	