



City of Keystone Heights
555 S. Lawrence Blvd., Keystone Heights FL 32656
Tel. (352) 473-5807 Fax. (352) 473-5101
www.keystoneheights.us

APPLICATION FOR SOLICITATION
 Page 1 of 2

APPLICANT INFORMATION

Applicant: _____
LAST FIRST

Address: _____
STREET NO./NAME CITY STATE ZIP

Phone: (____) _____ - _____ Email: _____

Is applicant over the age of 18? yes no

BUSINESS/ORGANIZATION INFORMATION

Business/Organization Name _____

Mailing Address: _____
STREET NO./NAME CITY STATE ZIP

Phone: (____) _____ - _____ website _____

Is Organization a Non-profit? yes (if yes, attach a copy of proof of non-profit exemption status) no

PERMIT REQUESTED

What is being requested? door-to-door sales physical location _____
ADDRESS OF PROPOSED SITE

Door-to-door sales may only be performed Monday thru Saturday 9:00 am -8:00pm. No sales solicitation may be performed on Sunday or holidays.

Time period being applied for: START DATE _____ FINISH DATE _____

one day (\$10 plus solicitor fees) three day (\$15 plus solicitor fees)

one month (\$35 plus solicitor fees) six months (\$150 plus solicitor fees) one year (\$250 plus solicitor fees)

Solicitor fee is \$5 per solicitor. **All solicitor MUST be registered as a solicitor with photo ID**

How many solicitors will be selling? _____ Please list names below (all must be listed)

_____ Is solicitor over 18? yes no # _____

_____ Is solicitor over 18? yes no # _____

_____ Is solicitor over 18? yes no # _____

_____ Is solicitor over 18? yes no # _____

_____ Is solicitor over 18? yes no # _____

Additional solicitors maybe listed on additional paper and must be submitted with application.

It is the responsibility of the applicant that all rules and regulations are followed by all solicitors. The City of Keystone Heights will revoke the Solicitation Permit in its entirety without refund for any solicitor's failure to abide by the rules and regulations as provided.



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PRODUCT INFORMATION

List ALL products being sold _____

Is any listed product consumable? yes no (if yes, attach all applicable permits required by county health department, department of agriculture, or hotel and restaurant administration)

A photo of products and displays must be submitted with the application.

RULES AND SIGNATURE

I agree to comply with all rules and regulations set forth by the City of Keystone Heights. Failure to comply with the rules and regulations of the City of Keystone Heights is recognized as grounds for the revocation of the permit in its entirety without refund.

This application is made under the penalties of Florida Statute 837.06. All information provided is true and correct. Any false or misleading information provided in this application is recognized as grounds for the revocation of the permit in its entirety without refund

Print Name _____ Signature _____ Date _____

FOR ADMINISTRATIVE USE ONLY

Application received on _____ By _____

Application reviewed by _____

Application approved denied (reason) _____

Staff Signature

City Manager Signature

ID's provided to applicant (no. of ID's provided) _____

The applicant has received _____ number of ID's for all solicitors. Any lost or stolen ID's may be replaced one time for a cost of \$5.00 per ID.

Print Name _____ Signature _____ Date _____