



City of Wharton

120 E. Caney Street ° Wharton, TX 77488
Phone (979) 532-2491° Fax (979) 532-0181

SOLICITOR'S PERMIT APPLICATION

DATE: _____

NAME: _____

HOME ADDRESS: _____
City State Zip Code

PHONE NO.: _____

CURRENT ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

DRIVERS' LICENSE NO. & STATE: _____

VEHICLE (*Make, Model, Year, Color & License Plate No.*): _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE NO.: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PHONE NO.: _____

TYPE OF PRODUCT OR SERVICE TO BE SOLD: _____

LOCATION WHERE PRODUCT IS BEING SOLD: _____
(*Written approval must be provided by property owner*)

LENGTH OF TIME PRODUCT OR SERVICE WILL BE SOLD: _____

Signature of Applicant

Date

Office Use Only:	
APPROVED or DENIED	
Date License Issued:	