

EUREKA POLICE DEPARTMENT

PEDDLERS & SOLICITORS POLICE DEPARTMENT CLEARANCE

FOR BUSINESS LICENSES

Name of Firm: _____

Description of Business: _____

Street Address: _____

City & State: _____

Manager or Agent: _____ DOB: ___ / ___ / ___

Local Address: _____

Phone #: _____ Drivers License #: _____

Vehicle: Year: _____ Make: _____ Model: _____

Color: _____ Plate #: _____ State: _____

Name of Assistant: _____

Address: _____

Driver's License #: _____ DOB: ___ / ___ / ___

Name of Assistant: _____

Address: _____

Driver's License #: _____ DOB: ___ / ___ / ___

Name of Assistant: _____

Address: _____

Driver's License #: _____ DOB: ___ / ___ / ___

POLICE DEPARTMENT USE ONLY

FINANCE DEPARTMENT USE ONLY

Date: ___ / ___ / ___

Date: ___ / ___ / ___

Checked By: _____

Business License #: _____

Approved: _____

Product Peddled/Solicited:

Rejected: _____

**MUST BE DATED AND SIGNED BY EUREKA POLICE DEPARTMENT
BEFORE A LICENSE CAN BE ISSUED.**