Kid Fest -- 2011

VACAVILLE POLICE DEPARTMENT

SOLICITOR/VENDOR/PEDDLER
IDENTIFICATION CARD/PERMIT APPLICATION

PLEASE PRINT LEGIBLY
USE BLACK OR BLUE INK

NAME OF EVENT: Kid Fest 2011 DATE OF EVENT: October 8, 2011

PERSONAL INFORMATION:

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

BIRTH DATE: _____ RACE: _____ SEX: (CIRCLE ONE) MALE FEMALE

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____LB

DRIVERS'S LICENSE NUMBER: _____ SOCIAL SECURITY NUMBER _____-_____-_____

ADDRESS: _____ CITY _____ STATE_____ ZIP _____

PHONE NUMBERS: HOME _(_____)_____-_____ CELL _(____)_____-_____ OTHER_(____)_____-_____

IN CASE OF EMERGENCY, NOTIFY: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY _____ STATE_____ PHONE _(____)_____-_____

BUSINESS INFORMATION:

NAME OF BUSINESS: _____

DESCRIPTION OF PRODUCT/NATURE OF BUSINESS: _____

BUSINESS ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _(____)_____-_____ SUPERVISOR'S NAME: _____

[redacted]

LICENSING INFORMATION:
CITY OF VACAVILLE BUSINESS LICENSE NUMBER: **Kid Fest 020982** EXPIRES: _____
INTERSTATE COMMERCE PERMIT NUMBER: _____
(5.16.090 VMC) **(ATTACH A COPY IF APPLICABLE)**
SOLANO CO. HEALTH DEPT. PERMIT NUMBER: **(IF APPLICABLE)** _____

POLICE USE ONLY

FEE $25 per business PAID: ____
RECEIPT #: _____
RECORD CHECK: _____
ISSUED BY: _____
DATE ISSUED: _____

By signing this document, I also acknowledge the following rules of Soliciting/Vending/Peddling:

1. I shall not force myself onto any citizen.
2. I shall always wear my Permit provided by the Vacaville Police Department when Soliciting/Vending/Peddling.
3. I understand that if there are any complaints that my permit may be revoked.

X_____
(Signature)

Contact Naomi Gunter @ 707-449-5250 with any questions