



City of Erlanger Solicitor Registration  
Ordinance # 2214  
www.ci.erlanger.ky.us

Date \_\_\_\_\_ (expires in 1 year)

Authorized by \_\_\_\_\_

**Solicitor's Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Solicitor's Home Address and Phone Number:**

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Solicitor's Operator License Information: (Copy of License Required)**

License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

List Any Criminal History \_\_\_\_\_

**Solicitor's Vehicle Information: (Vehicle to be used while Soliciting)**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Registration Number \_\_\_\_\_ Registration Year \_\_\_\_\_ Vehicle Color \_\_\_\_\_

**Employer's Name and Address:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Business \_\_\_\_\_

*Please return completed form to the Erlanger Police Department.*