



505 Commonwealth Avenue Erlanger, KY 859-727-2525

**CITY OF ERLANGER SOLICITOR REGISTRATION
ORDINANCE # 2214**

DATE _____ (EXPIRES IN 1 YEAR)

AUTHORIZED BY _____

SOLICITOR'S NAME: (MUST APPLY IN PERSON)

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 _____ **PRODUCT** _____

EMAIL ADDRESS _____

The No-Knock List will be sent to this email address as it is updated