



408 SPOKANE STREET
POST FALLS, IDAHO 83854
208-773-3511 Fax 208-773-8362

DOOR-TO-DOOR SOLICITATION REGISTRATION
(CHAPTER 5.20)

Fee: \$25.00

FOR CITY USE ONLY:
RECEIPT # \_\_\_\_\_ \$ \_\_\_\_\_
Code: 001-410.1433.39170

Must show in person current, valid, government-issued picture identification.

Applicant's Name \_\_\_\_\_
Last First Middle

Permanent Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Business Location \_\_\_\_\_

Employer's Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Relationship between the applicant and employer \_\_\_\_\_

Aliases or assumed names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Vehicle to be used:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

Description of the nature of the business and the goods or services to be sold or provided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time for which the solicitation will occur \_\_\_\_\_

Have you ever been convicted of any crime or violation of any municipal ordinance?

Yes [ ] No [ ]

If yes, please list the crime(s), date of conviction(s) where the offense occurred, and the circumstances and disposition of the case (use additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All information on this application is subject to verification by the City of Post Falls Police Department.**

**No person, registered or not, shall solicit business at any home or business which such location has clearly posted any sign indicating that solicitation or peddling is prohibited.**

**Providing false information on the application is a misdemeanor offense punishable by a fine not to exceed \$300.00 and/or jail not to exceed six months.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***VALID FOR 180 DAYS FROM DATE OF REGISTRATION  
EXPIRES: \_\_\_\_\_***