

CITY OF NEW MARTINSVILLE  
191 MAIN STREET  
NEW MARTINSVILLE, WV 26155

## SOLICITATION REGISTRATION

NAME OF YOUR ORGANIZATION? \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PURPOSE / TYPE OF  
SOLICITATION \_\_\_\_\_

WHAT TERRITORY WILL BE CANVASSED? \_\_\_\_\_

WHEN WAS YOUR LAST SOLICITATION IN OUR CITY? \_\_\_\_\_

ARE ALL SOLICITORS MEMBERS OF YOUR ORGANIZATION? \_\_\_\_\_

WILL SOLICITATIONS BE MADE IN PERSON OR BY PHONE? \_\_\_\_\_

NAME OF PERSON OBTAINING THE PERMIT \_\_\_\_\_  
(print)

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATES SOLICITING WILL TAKE PLACE: \_\_\_\_\_ TO \_\_\_\_\_

DATE OF REGISTRATION \_\_\_\_\_

**Important Note: We must have a current drivers license for each Person Soliciting.**

**Cc: City Police Department**

