

Gowanda Police Department

27 East Main St.
Gowanda NY 14070



Phone-716-532-2020
Fax-716-532-3777

Application for Solicitors Permit

Name of Applicant: _____ DOB: _____

Address: _____ Phone Number: _____

Organization Represented: _____

Organization Address: _____ Phone Number: _____

Items to be Solicited: _____ Method of Distribution: _____

Date/s of Solicitation: _____ Hours of Solicitation: _____

Names of Solicitors

1. _____ DOB _____ Address _____

2. _____ DOB _____ Address _____

3. _____ DOB _____ Address _____

4. _____ DOB _____ Address _____

If Vehicle Used: License Plate _____ Make _____ Model _____

Has anyone ever been convicted of a misdemeanor or felony? _____ Yes _____ No _____

If yes, Date of conviction _____ Nature of offense _____

Penalty imposed _____ Address of court _____

Copies of Identification must be submitted with Application

Police Use:

Application Approved _____ Yes _____ No if no reason: _____

Signature

Date