SOLICITOR PERMIT

City of York, NE

Name of applicant: _____

Address of applicant: _____

Phone of applicant: _____

Company Name: _____

Company Address: _____

Company Phone: _____

License Plate: _____ State: _____

Vehicle Description: _____

Type of good or service being sold: _____

Period of time selling in the City of York: _____

Fees:

___ Per Day $5 ___ Per week $10 ___ Per month $25

Present this form, the required fees and valid driver's license or state issued identification to York Police Station (315 N Grant Ave., York NE).

Or email this completed form and a copy of your driver's license to YorkPD@cityofyork.ne.gov.

Authorized by the City of York

_____ _____

Signature **Date**