City of Sheridan
Solicitor License Application

Individual Solicitor's Name: _____

Company Name: _____

Company Owner Name: _____

Company Address: _____

Company Phone Number: _____

Company Email: _____

Type of Business: _____

$15.00 Fee Paid:

Yes

No

_____

Applicants Signature

I have read and agree to comply with the City of Sheridan Ordinance regarding soliciting activities in Sheridan.

Per SMC 5.16.030

It is unlawful for any person to act as a solicitor within the meaning and application of this section without first securing a license from the city recorder of the city of Sheridan.