



Sheriff Michael L. Chapman

LOUDOUN COUNTY SHERIFF'S OFFICE

803 Sycolin Road SE, Leesburg, Virginia 20175
Telephone 703-777-0407

LOCAL RECORD CHECK _____

APPLICATION FOR SOLICITOR'S LICENSE

THIS FORM MUST BE FULLY COMPLETED. ANY OMISSIONS WILL RESULT IN NO FURTHER ACTION BEING TAKEN BY THE LOUDOUN COUNTY SHERIFF'S OFFICE. IF A PARTICULAR SECTION DOES NOT APPLY, YOU MUST INDICATE SO. DO NOT LEAVE ANY LINE BLANK.

NAME _____
LAST FIRST MIDDLE

LIST ANY OTHER NAMES THAT YOU HAVE USED (Include maiden and marital) _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ SEX _____ RACE _____
COMPLEXION (Circle one) Albino; Black; Dark; Dark brown; Fair; Light; Light brown; Medium; Medium brown; Olive; Ruddy; Sallow; Yellow.

SCARS/TATOOS _____

HOME ADDRESS _____
STREET CITY STATE ZIP CODE

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

NAME OF BUSINESS _____

NATURE OF BUSINESS _____

NAME OF OWNER _____

NAME OF SUPERVISOR _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP CODE

TYPE OF GOODS TO BE SOLD _____

PRESENT LOCATION OF GOODS _____

MANUFACTURER'S LOCATION _____

(SEE OPPOSITE SIDE OF PAGE)

VEHICLES TO BE USED (List make, model, year, color, license plate number, and state of registration – Example: 2003 Chevrolet Impala, red in color, SAL123, Virginia) _____

CURRENT EMPLOYER (If different from business) _____

ADDRESS _____
STREET CITY STATE ZIP CODE

ARE YOU CURRENTLY HOLDING A LICENSE/PERMIT IN ANOTHER JURISDICTION? (Circle one) YES NO
WHICH JURISDICTIONS? _____

HAVE YOU PREVIOUSLY HELD A SIMILAR LICENSE/PERMIT IN ANOTHER JURISDICTION? (Circle one) YES NO
WHICH JURISDICTIONS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Circle one) YES NO
(If yes, list each occurrence, date, and location) _____

READ CAREFULLY!

I understand that any deliberately false, misleading, inaccurate, incomplete, or untruthful information shall constitute grounds for automatic denial of such application or revocation of such permit under such application.

I further understand that it is my responsibility to contact the Commissioner of Revenue at (703) 777-0260 and determine whether or not I am required to obtain a business license. Furthermore, if my business involves the handling of food products, I must obtain a permit from the Loudoun County Health Department at (703) 777-0537.

NOTE: A copy of this application will be provided to the agencies listed above as applicable.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO UNDERSTAND THAT THIS SOLICITOR'S LICENSE IS VALID IN LOUDOUN COUNTY, VIRGINIA ONLY.

SIGNATURE _____ DATE _____