



City of Glen Dale

402 Wheeling Ave • Glen Dale, WV 26038-1537

Phone: (304) 845-5511 • Fax: (304) 845-5581

APPLICATION FOR CITY LICENSE, SOLICITORS AND CANVASSERS

FULL NAME: _____

PERMANENT HOME ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

FULL LOCAL ADDRESS: _____

ATTACH COPY OF OPERATOR'S LICENSE

APPLICANT: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

PHONE: _____ DATE OF SOLICITATION: _____

DO YOU HAVE A WEST VIRGINIA BUSINESS LICENSE? _____ YES _____ NO

LIST WEST VIRGINIA TAX ID NUMBER: _____

TYPE OF VEHICLE TO BE USED IN SOLICITATION

LICENSE: _____ STATE: _____ YEAR: _____

COLOR: _____ MAKE: _____ MODEL: _____

ARE YOU TAKING ORDERS FOR GOODS? _____ YES _____ NO

EXPECTED DELIVERY DATE: _____ OR DELIVERY AT TIME OF ORDER: _____

LIST 2 CREDIT REFERENCES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, EXPLAIN: _____

I hereby certify that the above information is true and correct.

SIGNATURE: _____ DATE: _____

PERMIT TO BE USED DURING DAYLIGHT HOURS ONLY

Remit completed form and payment to Glen Dale City Building or
email to forms@glendalewv.gov and make payment at glendalewv.gov/payments.

OFFICE USE ONLY

DATE: _____ SIGNATURE: _____

PERMIT #: _____ EXPIRATION DATE: _____

FEE: _____ SECURITY AMOUNT: _____