



City of Coeur d'Alene
 Municipal Services Department
 710 Mullan Avenue
 Coeur d'Alene, Idaho 83814
 (208) 769-2229
 kathylew@cdaid.org

(Office Use Only)

Amount Paid _____
 Receipt # _____
 Date _____
 Registration # _____
 Date Issued _____ By: _____

**Door to Door Solicitation
 Registration Application
 Expires Annually on December 31st
 Registration Fee - \$50.00**

- **ALL NEW APPLICANTS ARE REQUIRED TO UNDERGO A CRIMINAL BACKGROUND CHECK** through the City of Coeur d'Alene. (Must first complete paperwork and pay background check fees of \$51.50 at City Hall)
- Solicitation hours are from 9AM – 8PM. You may not solicit at locations clearly posted “no soliciting or peddling”. You may not solicit at homes when requested to leave by the owner, authorized agent, or person that resides or works on the premises. You may not represent that the City of Coeur d'Alene endorses the solicitation. Municipal Code Section 7.52.

DURATION OF SOLICITATION: FROM: _____ TO: _____

Applicant Name: _____ Phone: _____

Applicant Home Address: _____
(Permanent Physical Address) City State Zip

Applicant Mailing Address: _____
City State Zip

Cell: _____ Email: _____

Employer Name: _____

Employer Address: _____
City State Zip

Relationship with Employer: _____

Nature of Business: _____

Goods Sold or Services Provided: _____

Have you ever been convicted of a crime or violation of any municipal ordinance, as an adult or juvenile? Yes No

Explanation: _____

Prior Arrest Record and Location – include DUI & Reckless Driving (other than traffic):

- Date: _____ Charge: _____ Disposition: _____
- Date: _____ Charge: _____ Disposition: _____
- Date: _____ Charge: _____ Disposition: _____

I certify that I am a citizen of the United States, over twenty one years of age, of good repute and that the information listed on this application is complete and true to the best of my knowledge, that I am qualified and meet the requirements as per the Ordinance of the City of Coeur d'Alene, the County of Kootenai, and the laws of the state of Idaho to receive a registration. If renewing, I certify there have been no changes since last applying for this registration. Finally, I understand I am signing this document under penalty of perjury. I also understand that fraud or misrepresentation in my answers may serve as the basis for my denial or dismissal.

Applicant Signature _____

Date _____