

CITY OF VERO BEACH PLANNING DEPARTMENT
1053 20TH PLACE - P.O. BOX 1389, VERO BEACH, FL 32961-1389
(772) 978-4550 - [FAX 778-3856] – planning@covb.org

APPLICATION FOR CITY SOLICITOR

PERMIT # _____

Name & Home Address of Applicant: _____

Driver's License #: _____ Social Security #: _____

Vehicle Type & License #: _____

Age: ___ Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Glasses: Yes ___ - No ___ Sex: M ___ - F ___

Have you ever been convicted of any crime, misdemeanor or violation of any Municipal Ordinance?
_____ Yes _____ No - If Yes, give nature of the offense and punishment of penalty assessed:

Have you ever been issued a solicitor's tag by the City of Vero Beach? _____ Yes _____ No
If yes, when _____

Business Name & Address: _____

Telephone Number: _____

Brief Description of Nature of Business/Services: _____

Proposed Method of Delivery: _____

Length of Time Business to be Conducted in City of Vero Beach: _____

Number of Valid City Local Business Tax Receipts (if required) & Name Issued to: _____

Sales shall not be made from an established spot or in the street, right-of-way, or any City park. See Chapter 62 – Sales and Solicitation, City of Vero Beach Code of Ordinances.

Department of Agriculture and Consumer Services registration certificate is required for (lunch wagons).

IN ADDITION TO ANY OTHER SANCTIONS THAT MAY BE IMPOSED, THE FALSIFICATION OF ANY INFORMATION ON THE APPLICATION OR FAILURE TO KEEP STATUS CURRENT SHALL CONSTITUTE GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF THE PERMIT.

Applicant's Signature

Date

NOTE: ALL APPLICATIONS ARE SUBJECT TO A LOCAL CHECK BY THE CITY OF VERO BEACH POLICE DEPARTMENT.

ATTACH COPY OF DRIVERS LICENSE.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am contracted for employment, throughout the term of my contract. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the Company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

- I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at your designated email address.
- Oklahoma, Maine, Minnesota and California applicants may obtain a copy of this consumer report by checking this box. This report will be sent to California applicants within three (3) days of the employer receiving the report.
- California applicants only: For consumer reports which were not obtained by a consumer reporting agency, by checking this box you waive the right to obtain a copy of the report. If unchecked, you will receive this report within seven (7) days of the employer receiving it.

California only: For reports obtained by TeamScreen Solutions LLC, California applicants also may review the file TeamScreen Solutions LLC maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others.

APPLICANT:

Signature: _____ Date: _____
 Printed Name: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Driver's License Number: _____ State of Issuance: _____

(List all addresses during the past 5 years)

Current Residence Address: _____
(Street) (City) (State) (ZIP) (Dates)

Previous Address: _____
(Street) (City) (State) (ZIP) (Dates)

Previous Address: _____
(Street) (City) (State) (ZIP) (Dates)

Previous Address: _____
(Street) (City) (State) (ZIP) (Dates)

NOTICE REGARDING BACKGROUND INVESTIGATION

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

In connection with your application for employment, the Company may obtain information about you from TeamScreen Solutions LLC, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verifications, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

APPLICANT/EMPLOYEE:

Signature: _____

Date: _____

Printed Name: _____

Email: _____