

Lynn Police Department

103 S. Main Street

P.O. Box 65

Lynn, Indiana 47355

765-874-1225--Office

765-874-2916--Fax

Bradley R. Fisher
Marshal



Travis C. Jones
Deputy Marshal



Solicitor Information

(Separate page required for each individual solicitor)

| | | | | | |
|--|--|--|--|---|--|
| Name: | | FIRST: | | MI: | |
| Street Address: | | | | | |
| City: | | State: | | Zip: | |
| Work #: | | Home #: | | Male: <input type="checkbox"/> Female: <input type="checkbox"/> | |
| Age: | | If older than 14 but less than 18, please attach Indiana Work Permit in compliance with Indiana Code 20-8.1-4 | | SSN: DOB: / / | |
| Height | | Weight: | | Eye Color: Hair Color: | |
| Place of Birth (include city & state): | | | | Race: | |
| Indiana Residency: From: | | To: | | | |
| ARREST RECORD (List all arrests and convictions) | | | | | |
| Have you ever been charged or convicted of a criminal offense? | | | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |
| Date: | | Offense: | | Arresting Agency: | |
| Date: | | Offense: | | Arresting Agency: | |
| DRIVERS LICENSE INFORMATION | | | | | |
| Current Driver's License Number: | | | | D.L. State: | |
| Restrictions on Current Driver's License: | | | | Expiration Date: | |

Signatures

I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge, information and belief, this ____ day of _____, 20__.

Signature of Applicant

Please Print Name

Notice: If there are any falsifications on this application, the license will be denied. If, after your license is issued, we receive complaints of rudeness, forcible tactics, refusal to leave or other undesirable behavior, your license will be revoked.

Each licensee shall be restricted to conducting activities to the following hours:

10am. to 7pm. NO SUNDAY DOOR TO DOOR SALES

| | | |
|-----------------|------------------------------------|----------------------------------|
| Recommendation: | Approved: <input type="checkbox"/> | Denied: <input type="checkbox"/> |
|-----------------|------------------------------------|----------------------------------|

Marshal or Designee

Date