

# Solicitor Permit Applicants

**\*\*NOTE: Applications will only be received and/or conducted Monday – Friday (not including holidays) between 8:00 AM and 4:30 PM. Fingerprinting and photographing are by appointment only.**

## **Application for initial 30 day temporary permit:**

1. Complete the application in its entirety and return with this coversheet attached. Applicant must present a valid photo I.D. and Social Security card with application. If the applicant does not have their Social Security card, a birth certificate or valid passport will be accepted.)
2. The fee to apply for a Solicitor's Permit is \$20.00 (Non-Refundable). Payments are to be made at the Hanover County Treasurer's Office located in the Chenault-Weems Building, 7507 Library Drive, Hanover, VA 23069.
3. The Treasurer's Office will accept **cash, money orders, debit cards and credit cards. There is a nominal convenience fee applied for using a credit card.**
4. The Treasurer's Office will provide the applicant with a receipt which must be brought to the Hanover County Sheriff's Office along with the completed application. A copy of the receipt will be attached to the application.
5. Applicant's fingerprints and a photo will be taken prior to issuance of a permit. Please call 804-365-6110, Monday – Friday, 8:00 AM to 4:30 PM to make an appointment.
6. Upon receipt of your application a background check will be completed in accordance with [Hanover County Code](#).
7. Once all information is obtained your application will be processed as soon as possible.
8. If your application is approved and a permit issued, the permit must be carried with you at all times with a valid photo I.D.

## **Renewal Process for a 30 day temporary permit to be extended for 11 months:**

1. A solicitor's permit which has expired may be renewed for an additional period of **eleven (11) months**. Upon the execution of a renewal application the following must be completed: A certification that the statements made in the original application are still true and accurate statements at the time the renewal application is filed. (This will be accomplished by **filling out a new solicitor application** obtained from the HCSO Records Unit and denoting any changes)
2. Applications for renewal must be made within **fifteen (15) days** after the expiration of the original permit. Applications for renewal made after the **fifteen (15) days** shall be considered applications for a **new permit**.
3. The solicitor is allowed to solicit within the **fifteen (15) day** grace period **PROVIDED** they have submitted a new application. The old permit will need to be surrendered upon receiving the new permit which has been approved for renewal.
4. Applicants and permittees shall immediately report any changes to any of the information reported in the application, to the Hanover County Sheriff's Office as soon as possible.

**\*\*NOTE:** Upon completion, please provide a reliable call back number for notification of the completion of the application process.

**Renewal Process for 2<sup>nd</sup> year and all subsequent renewals:**

1. A solicitor may renew their permit each year by submitting a new application within **fifteen (15) days** of the expiration date of their permit. They will need to provide a **valid photo I.D. and Social Security card with application**. If the applicant does not have their Social Security card, **a birth certificate or valid passport will be accepted**.
2. The fee to apply for a Solicitor's Permit is \$20.00 (Non-Refundable). Payments are to be made at the Hanover County Treasurer's Office located in the Chenault-Weems Building, 7507 Library Drive, Hanover, VA 23069.
3. The Treasurer's Office will accept **cash, money orders, debit cards and credit cards**. **There is a nominal convenience fee applied for using a credit card**.
4. The Treasurer's Office will provide the applicant with a receipt which must be brought to the Hanover County Sheriff's Office along with the completed application. A copy of the receipt will be attached to the application.
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7. Once all information is obtained your application will be processed as soon as possible.
8. The solicitor is allowed to solicit within the **fifteen (15) day** grace period **PROVIDED** they have submitted a new application. The old permit will need to be surrendered upon receiving the new permit which has been approved for renewal.
9. If your application is approved and a permit issued, the permit must be carried with you at all times with a valid photo I.D.

**\*\*NOTE:** Upon completion, please provide a reliable call back number for notification of the completion of the application process.



# HANOVER COUNTY SOLICITOR'S PERMIT APPLICATION



Applicant's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Temporary Address: \_\_\_\_\_ Room or Lot No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Last Temporary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

Name of Current Employer or Company: \_\_\_\_\_ Present Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

List the kind of goods offered for sale or the type of service(s) to be performed:

\_\_\_\_\_

List the specific area(s) of Hanover that you will be working: \_\_\_\_\_

\_\_\_\_\_

**FOR HCSO OFFICE USE ONLY: The following must be attached by the HCSO Records Department:**

Copy of Paid Receipt from Treasurer's Office    
  Initial 30 Day    
  11 Month Permit    
  Subsequent Renewal

Copy of ID & Social Security Card  
 Date Stamp Applied

Records Department Initials & Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Address  
of Supervisor: \_\_\_\_\_ Room or Lot No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\*REQUIRED SECTION FOR APPROVAL\*\***

Make of Vehicles Will Vehicle Be Used: Yes/No  
Used: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License No.: \_\_\_\_\_ State: \_\_\_\_\_ Is this vehicle registered in your name? \_\_\_\_\_

Name of Registered Owner: \_\_\_\_\_

Address Where Vehicle  
Currently Kept: \_\_\_\_\_

Company's I.D. Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*REQUIRED SECTION FOR APPROVAL\*\***

Have you ever been convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Felony: \_\_\_\_\_

Have you ever been convicted of an offense reduced from a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: List date and jurisdiction: \_\_\_\_\_

Have you ever been convicted of any offense? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Anticipated length of stay in Hanover as a solicitor: \_\_\_\_\_

I certify that this information is true and accurate: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Recommended for approval to County Administrator  
Captain Terry Sullivan for Colonel Dave R. Hines, Sheriff

Not Recommended

Recommended

Signature \_\_\_\_\_

Date \_\_\_\_\_



# HANOVER COUNTY SHERIFF'S OFFICE



## Authorization to Obtain Information

I authorize the Hanover County Sheriff's Office to perform a background investigation in connection with my application for a **Solicitor's** permit. This investigation may include information as to any criminal convictions, Division of Motor Vehicle records, and any other appropriate sources. A reproduction of this authorization form will be valid as an original hereof and shall expire 12 months from the date of its acknowledgment.

I authorize the release of any information that the Hanover County Sheriff's Office may request from the above sources and I hereby release you, your organization or other, from an and all liability or damage which may result from furnishing the information requested. I further understand that sources of information, as well as the information itself cannot be revealed to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip Code

State of Virginia, County of Hanover. **(for office use only)**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

\_\_\_\_\_  
Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_