



Louisville Metro  
Department of Codes and Regulations

Statement of Intent

\_\_\_\_\_, does hereby state its intent to use the  
Company Name

services of \_\_\_\_\_ as an  
Solicitor Applicant Name

independent contractor  or employee , if the applicant is approved by the Louisville Metro, Department of  
Please check independent contractor or employee.

Codes and Regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Company Agent

\_\_\_\_\_  
Agent's Title

**LOUISVILLE/JEFFERSON COUNTY REVENUE COMMISSION  
STATEMENT OF ACCOUNT**

101 S. 8<sup>th</sup> Street  
Louisville, KY 40202  
Phone: 574-4900

To be completed by Louisville/Jefferson County Revenue Commission

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Status of Account: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Revenue Commission Signature

AFTER HAVING ABOVE INFORMATION COMPLETED, THE APPLICANT SHOULD BRING THIS FORM ALONG WITH  
OTHER NEEDED ITEMS TO THE DEPARTMENT OF INSPECTIONS, PERMITS AND LICENSES.



Department of Codes & Regulations

Division of Licensing & Permits

444 South Fifth Street, Suite 101, Louisville Kentucky 40202-4314

502-574-3321 FAX 502-574-5245

APPLICATION FOR SOLICITOR REGISTRATION

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Address Where You Are Staying \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Local Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_ Gender \_\_\_ M \_\_\_ F

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Revenue Commission Number \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Product List: \_\_\_\_\_

Area where registrant will be soliciting \_\_\_\_\_

As conditions of registration, the undersigned agrees that the granting of the certificate will not be used or represented in any way as an endorsement by Metro Government or by any of its officers or employees.

I further state that I have read the registration statement and that all the information contained therein is true and correct to the best of my knowledge.

I \_\_\_\_\_, certify that I am \_\_\_\_\_ of the business/organization, (Name) \_\_\_\_\_, and that to the best of my knowledge, the statements in the above registration are true.

I \_\_\_\_\_, A KENTUCKY NOTARY PUBLIC STATE AT LARGE, FOR ACTS PERFORMED IN KENTUCKY FOR RECORDATION IN ANY STATE;

MY COMMISSION EXPIRES: \_\_\_\_\_



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### APPLICATION FOR SOLICITOR REGISTRATION

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1. IF YOU ARE SOLICITING MAGAZINE SUBSCRIPTIONS, CONTACT

Jefferson County Clerk's Office  
527 West Jefferson Street  
Louisville, KY 40202  
502-574-5700

2. THE APPLICATION SHALL BE MADE AT LEAST TEN DAYS BEFORE THE LICENSE IS REQUIRED IN ORDER TO GIVE THE DIRECTOR AN OPPORTUNITY TO INVESTIGATE THE APPLICANT.
3. YOU MUST BE AT LEAST 18 YEARS OF AGE TO SOLICIT DOOR TO DOOR.
4. THE COMPANY FOR WHOM YOU ARE SOLICITING MUST BE REGISTERED WITH THE KENTUCKY SECRETARY OF STATE.
5. IF YOU HAVE BEEN HIRED AS AN INDEPENDENT CONTRACTOR YOU MUST REGISTER WITH :  
LOUISVILLE/JEFFERSON COUNTY REVENUE COMMISSION  
617 W JEFFERSON ST  
LOUISVILLE KY 40202  
OR, GO TO THE WEB SITE [HTTP://WWW.LOUISVILLEKY.GOV/REVENUE/FORMS.HTM](http://www.louisvilleky.gov/revenue/forms.htm) AND GET THE FORM THERE.
6. INDIVIDUAL STATE WIDE CRIMINAL HISTORIES FROM ANY STATE IN WHICH YOU HAVE LIVED MORE THAN 21 DAYS DURING THE PAST 5 YEARS.
7. **Duty of Solicitors.**

IF A PROPERTY IS POSTED AS "NO TRESPASSING", "NO SOLICITORS" OR OTHER SIMILAR WORDS THEN YOU MAY NOT GO ON THE PROPERTY.

ANY SOLICITOR WHO HAS GAINED ENTRANCE TO ANY RESIDENCE, WHETHER INVITED OR NOT, SHALL IMMEDIATELY AND PEACEFULLY DEPART FROM THE PREMISES WHEN REQUESTED TO DO SO BY THE OCCUPANT.

8. **TIME LIMIT ON SOLICITING.**

YOU MAY NOT SOLICIT BEFORE 9:00 O'CLOCK A.M. OR AFTER ONE HALF HOUR BEFORE SUNSET OF ANY WEEKDAY OR SATURDAY. YOU MAY NOT SOLICIT AT ANY TIME ON A SUNDAY OR ON A STATE OR NATIONAL HOLIDAY.

9. **FEES.**

SOLICITORS SHALL PAY A FEE OF \$10.00 PER PERSON