Pinal County
FACILITIES MANAGEMENT DEPARTMENT
121 West 22nd Street, P.O. Box 876, Florence, AZ 85132

APPLICATION for Solicitor's Permit

Name of Applicant: _____

Address: _____

Contact / Telephone Number: _____

Arizona Driver's License Number / Date Issued / Valid:

_____

Pinal County Health Department Issued Permit:

_____

Name & Address of Company Represented:

_____
_____

Items to be sold:

_____
_____
_____
_____

At County Complex Location:_____

Date(s) Permit Requested: Begin On: _____ End On: _____

Applicant Signature: _____ Date: _____

Approved by: _____ Date: _____

Updated: 12/2015