CITY OF CONDON
128 S MAIN STREET, PO BOX 445
CONDON, OR 97823-0445
PHONE: (541) 384-2711
FAX: (541) 384-2700
E-MAIL: cityofcondon@jncable.com

SOLICITOR LICENSE APPLICATION

Name of Individual _____

Permanent address _____

Local address _____

Name of Employer _____

Address of employer _____

Type of business _____

Type of goods or services _____

For farms and orchards

Is produce grown by the applicant? _____

For Non-Profit Organization:

Name of Officer residing in Condon _____

Address of Officer residing in Condon _____

Photograph required? ☐ **Yes** ☐ **No**

Attached? ☐ **Yes** ☐ **No**

Fee: ☐ **$200.00/year** ☐ **$ 50.00/month** ☐ **$ 25.00/week**

I swear the above information to be true to the best of my knowledge.

_____ **Date** _____
Applicant signature

Satisfactory ☐ **Unsatisfactory** ☐

_____ **Date** _____
Authorizing Signature