



128 S Main St.
PO Box 445
Condon, OR 97823
Ph (541) 384-2711
Fax (541) 384-2700

E-mail: admin@cityofcondon.com

SOLICITOR LICENSE APPLICATION

Name of Individual _____

Permanent address _____

Local address _____

E-mail 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.

Applicant Signature

Date

Satisfactory

Unsatisfactory

Authorizing Signature

Date

www.cityofcondon.com

Revised 07/08/2020