



City of Ormond Beach
Building Division
Master Solicitor Permit Application

Business name: _____

Business Address: _____

Business Phone Number; _____

Applicant/Owner Name: _____

Ormond Beach BTR or Registration #: _____

Date Solicitation is to Commence: _____

Specific Geographical Area in which Solicitation will occur:

Nature of real or personal property to be promoted:

Number of Solicitors employed: _____

Solicitor Names: _____

Signature of applicant; _____

Notary:

(Seal)