

Rachel M. Sadoff, CFCC

CLERK OF THE CIRCUIT COURT & COMPTROLLER
EIGHTEENTH JUDICIAL CIRCUIT
BREVARD COUNTY, FLORIDA

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DEPARTMENT (321) 637-2004
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HOME SOLICITATION PERMIT APPLICATION BREVARD COUNTY, FLORIDA

Application # (Clerk's Use)	
Name – First Middle Last	
Date of Birth	
Race	
Sex	
Permanent Residence Address	
Local Residence Address (local business address is not sufficient)	
Home Telephone Number	
Cell Phone Number	
Business Telephone Number	
Employer's Name	
Employer's Address	

Have you ever been convicted, pled guilty, or pled nolo contendere to any crime? Yes No
If yes, state the nature of the offense(s), place of offense(s), and the punishment or penalty assessed for each offense. (Attach additional pages if needed.)

I have all currently required county or municipal occupational licenses. Yes No

I understand this permit can or will be revoked if I am convicted of, plead guilty or nolo contendere to, a crime against the laws of this state, or any other state or the United States, involving moral turpitude, fraudulent or dishonest dealing, or the illegal use or sale of a controlled substance, or am convicted of, or enter a plea of guilty or nolo contendere to, a violation of any of the provisions of Sec. 501.021 – 501.055 F.S.

I solemnly swear that all of the above statements are true and correct.

Applicant's Signature

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me on this day of ,
, by , who is personally
known to me or who has produced as
identification and who did did not take an oath.

Notary Public Signature

Notary Public Printed Name