



CITY HALL  
555 Liberty St. SE / Room 320  
Salem, OR 97301-3503

**LICENSE APPLICATION**

Applicant's Name \_\_\_\_\_ Employer's Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Self Employed\_\_\_ Agency\_\_\_ Work for Agency\_\_\_  
 Phone Number \_\_\_\_\_ Type of License \_\_\_\_\_  
 Products Sold \_\_\_\_\_

Sex\_\_\_ Ht.\_\_\_\_ Wt.\_\_\_\_ Color Eyes\_\_\_\_\_ Hair Color\_\_\_\_\_ Marital Status \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth (State)\_\_\_\_\_ Social Security # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Driver's License \_\_\_\_\_ Chauffeur's License \_\_\_\_\_ Are you a U.S. Citizen?\_\_\_

**PLACES OF RESIDENCE DURING THE PAST 5 YEARS?**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_

**PLACES OF EMPLOYMENT DURING THE PAST 5 YEARS:**

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

**LIST THREE CHARACTER REFERENCES, NOT RELATED TO YOU, RESIDING LOCALLY:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been ARRESTED for other than a minor traffic violation? Yes\_\_\_ No\_\_\_ If yes, state crime and arresting agency. \_\_\_\_\_  
 Have you ever been CONVICTED for other than a minor traffic violation? Yes\_\_\_ No\_\_\_ If yes, state crime and arresting agency. \_\_\_\_\_  
 Have you previously been licensed for this type of employment? Yes\_\_\_ No\_\_\_ If yes, where? \_\_\_\_\_  
 Have you ever had your license revoked? Yes\_\_\_ No\_\_\_ If yes, where? \_\_\_\_\_  
 Alias or other legal names, if any \_\_\_\_\_  
 Where residing, if transient? \_\_\_\_\_

**I certify that I have knowledge of the provisions of the Code governing the license for which I am applying and that the above are true and accurate statements of fact.**

**Signature of Applicant** \_\_\_\_\_

**DON'T WRITE FOR POLICE USE**

Fingerprints: Date Taken \_\_\_\_\_ By \_\_\_\_\_ Record Checked: SPD\_\_\_ FBI\_\_\_ MVR\_\_\_ COUNTY\_\_\_  
 Photograph: Date Taken \_\_\_\_\_ By \_\_\_\_\_ Oregon State Police\_\_\_ Other\_\_\_  
 Returned to License Division by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Approved: Yes\_\_\_ No\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Issued by \_\_\_\_\_ Date \_\_\_\_\_  
 Application Fee \_\_\_\_\_ License Fee \_\_\_\_\_ Processing Fee \_\_\_\_\_ **TOTAL DUE:**