

**ROGER D. EATON**  
**CHARLOTTE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER**  
**350 EAST MARION AVENUE**  
**PUNTA GORDA, FLORIDA 33950**

**HOME SOLICITATION PERMIT  
APPLICATION**

Fingerprinting via **Live Scan** is required before submission of this application to the Clerk of the Circuit Court and County Comptroller. Provide **ORI** number **FL708110Z** to the **Live Scan Service Provider**. A fee is required for this service.

**Transaction Control Number (TCN)** provided by fingerprint agency: \_\_\_\_\_

Application Information:

Permit# \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Permanent Residence Address: \_\_\_\_\_

Local Residence Address: \_\_\_\_\_  
(if different from above)

Email address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you ever been convicted of, or plead guilty or nolo contendere to any crime? \_\_\_\_\_

If yes, what was the nature of the offense? \_\_\_\_\_

What was the disposition? \_\_\_\_\_

Employer Information:

Company Name/DBA: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the information contained on this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail may be grounds for denying issuance of my Home Solicitation Sale Permit. I understand that the fee required for the processing of my application is non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Roger D. Eaton  
Clerk of the Circuit Court

(SEAL)

By: \_\_\_\_\_

DEPUTY CLERK