

**APPLICATION FOR
DIRECT SELLERS/SOLICITORS LICENSE**

Name of Applicant _____ Age _____ Date of Birth _____ Sex _____
Last First Middle MM/DD/YYYY

List all other names you have used including nicknames _____
(If married female, furnish your maiden name)

Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Complete permanent home address _____
Street Number City State/Zip Phone Number

Temporary address & phone number, if any _____

Local address & phone from which business will temporary be conducted, if any _____

Do you hold a valid driver's license? _____ Driver's License Number _____ State Issued _____

If a vehicle is to be used by applicant in the conduct of his/her business, state the following information:

Veh. Make _____ Veh. Model _____ Color _____ Lic. Plate Number _____

Brief description of nature of the business (or charitable cause) and goods to be sold: _____

If employed, the name and address of the employer, together with credentials therefrom establishing the exact relationship _____

Length of time for which to do business is desired _____

Source of supply of goods or property proposed to be sold, or orders taken for the sale thereof, where such goods or products are located at the time of publication and proposed method of delivery _____

The last cities or villages, not to exceed three, where applicant carried on business immediately preceding date of application and the addresses from which such business was conducted in those municipalities: _____

Place where applicant can be contacted for at least seven (7) days after leaving city: _____

I (have) (have not) been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic, the nature of the offense and the punishment or penalty assessed therefore within the last five years. (If yes, list conviction, offense, punishment.)

Will applicant require any payment in advance, or down payment of any type? _____

If so, a surety bond in the amount of \$500.00 must be on file with the clerk's office.

I am requesting a license for

- 1 month canvassing period - \$15
- 3 month canvassing period - \$35
- 6 month canvassing period - \$65
- 1 year canvassing period - \$110

(Additional Persons \$9.00 per person)

A copy of the applicant's driver's license or other acceptable proof of identity must be provided with the completed application.

I AM AWARE THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE BASIS FOR DENIAL OF PERMIT. I AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT (as usually written)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC _____ COUNTY
STATE OF _____ EXP _____

Date Application Received: _____

City Hall Receipt No. _____

Send License To: _____

Receipt Issued By: _____

FOR CITY HALL USE ONLY

1. **Background Check:** Date: _____ Signature: _____

2. **Police Department Approval:** Date: _____ Signature: _____

Approved/Denied

3. **Amount Owed:** Forfeitures \$ _____ By _____ Utilities \$ _____ By _____

Property Taxes \$ _____ By _____ Accounts Receivable \$ _____ By _____

Ambulance \$ _____ By _____ Sent to Attorney \$ _____ By _____

4. **City Clerk Approval:** Date: _____ Signature: _____

Approved/Disapproved

5. **Issuing Employee:** Date Issued: _____ Signature: _____

Comments _____
