

APPLICATION FOR A SOLICITOR'S LICENSE

**Fee-\$100.00 per license (non-refundable), payable at the time of application.
Copy of Drivers License is Required**

Note: The Chief of Police shall cause such investigation of the applicant's business and moral character to be made as he deems necessary for the protection of the public good. Permit is nontransferable. Solicitors are required to exhibit their license at the request of any citizen.

COMPANY NAME: _____

COMPANY ADDRESS: _____
Street City State Zip

SALES TAX ID NUMBER _____ **APPLICANT MUST PROVIDE A CERTIFICATE OF NO TAX DUE OR A CERTIFICATE STATING THEY ARE EXEMPT FROM COLLECTING SALES TAX (not form 149) FROM THE MISSOURI DEPARTMENT OF REVENUE TO OBTAIN A SOLICITOR'S LICENSE. TELEPHONE NUMBER FOR MISSOURI DEPARTMENT OF REVENUE IS 573-751-9268.**

DESCRIPTION OF NATURE OF BUSINESS AND GOODS OR SERVICES TO BE SOLD:

EMPLOYEE NAME: _____ SOCIAL SECURITY NUMBER: _____

EMPLOYEE DESCRIPTION: _____

EMPLOYEE TELEPHONE NUMBER: _____ E-MAIL _____

EMPLOYEE ADDRESS (LOCAL): _____

EMPLOYEE ADDRESS (PERMANENT): _____

LENGTH OF TIME: 1 YEAR FROM ISSUE DATE

DESCRIPTION OF VEHICLE TO BE USED: _____

VEHICLE LICENSE PLATE #: _____ STATE OF ISSUE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? YES NO

IF SO, STATE THE NATURE OF THE OFFENSE AND THE PUNISHMENT OR PENALTY

ASSESSED THEREFOR: _____

Under penalties of perjury, I declare that the application submitted by me is true, correct and complete to the best of my knowledge and belief. I further understand that I may be subject to prosecution by the City should I provide false, incorrect or incomplete information.

SIGNATURE _____ DATE _____

Office Use Only

Investigation has been made into the above individual and the license is:

 Approved Rejected Comments: _____

Signature: _____, Chief of Police Date: _____