

**CITY OF INDEPENDENCE
SOLICITOR/PEDDLER LICENSE APPLICATION**

LICENSE FEES: Individual solicitor/peddler: \$25
Peddlers Crew license: \$50 (plus \$5 per each solicitor/peddler)

Solicitor/Peddler: Crew Individual

Nature of sale:

Door-to-Door

Stationary (property owner consent required)

Other _____

Upon submitting this application to the City Recorder, a police background investigation may be conducted. All pages/fields must be completed. This form must be completed in legible handwriting or typed. Illegible applications may be rejected. Application **MUST** be signed.

Business Information:

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Name, Date of Birth, Address, Phone of all Partners or Corporate Officers:

(Use reverse side if needed.)

Products Being Sold: (list all products and type of products being sold):

(Use reverse side if needed.)

Vehicles Used (if applicable):

Year: _____ Make: _____ Model: _____ Lic. No.: _____

Year: _____ Make: _____ Model: _____ Lic. No.: _____

Insurance Company: _____ Agent: _____

Agent Phone Number: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

PROPERTY OWNER CONSENT: (If stationary)

Location where the business will be conducted: _____

Dates and hours of business operation: _____

Property Owner Consent: Name/Address/Phone: _____

I give my consent for the applicant to sell the items identified on this page, and on the dates and times as listed above.

Property Owner signature

Date

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For a Crew License application, please complete the following pages for *each individual* that will be performing the door-to-door solicitation:

Personal History:

Name (Last, First Middle): _____

Present Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ Social Security No.: _____

Date of Birth: _____ Place of Birth: _____

Drivers License Number and State: _____ Exp. Date: _____

Have you ever had a suspended or revoked driver's license? Yes , No

If yes, state reason, date, and court: _____

Other Names:

If married,(maiden): _____

Nicknames/Surnames: _____

During what period and under what circumstances were these names used? _____

Have you ever legally changed your name? If so, please provide date, place, and court: _____

Previous Addresses (past 5 Years-Use Reverse Side if Necessary):

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physical Description:

Gender: Male Female

Weight: _____

Height: _____

Hair Color:

Light Blonde

Dark Brown

Grey

Dark Blonde

Auburn/Red

Salt & Pepper

Light Brown

Black

Other

(if other, describe) _____

Scars/Marks:(describe any scars or marks) _____

