

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

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

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Solicitor/Peddler: Crew\*  Individual   
 Other \_\_\_\_\_

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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.

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

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Agent Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Expiration 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.

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**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 Blonde

Light Brown

(if other, describe) \_\_\_\_\_

Dark Brown

Auburn/Red

Black

Grey

Salt & Pepper

Other

Scars/Marks:(describe any scars or marks) \_\_\_\_\_

\_\_\_\_\_

