

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

APPLICANT INFORMATION

Name: _____				
Home Address: _____				
Address	City	State	Zip	
Mailing Address: _____				
Address	City	State	Zip	
Home Phone #:(_____) _____		Sex: _____	Race: _____	Age: _____
Social Security #: _____ - _____ - _____		Hair Color: _____	Height: _____	Weight: _____
Drivers License#: _____		State: _____	Date & Place of Birth: _____	
Have you been convicted of any crime involving moral turpitude or any felony charge? YES ___ NO ___				
If YES, state nature of offense and penalty: _____				

BUSINESS INFORMATION

Circle Type of License Applying For:		SOLICITOR	PEDDLER	
Nature of Business: _____				
Business Address: _____				
STREET	CITY	STATE	ZIP	
Business Phone #:(_____) _____ - _____				
Goods to be sold: _____		Kansas Sales Tax No. _____		
Name of Employer: _____				
Address: _____				
Current Location of Goods: _____		Delivery Method _____		
If vehicle is to be used, give description:				
MAKE	MODEL	YEAR	COLOR	LICENSE #

I hereby agree to comply with the rules and regulations of the City of Lawrence concerning the solicitor or peddler license. I have read the contents of this application and all information and answers herein contained are complete and true. I understand the \$25.00 fee paid for processing this application and license are not refundable in the event the license is not granted for any reason.

DATE

APPLICANT'S SIGNATURE

LICENSE APPROVAL

1. Valid Kansas Sales Tax No.? Yes _____ No _____

2. I hereby **APPROVE** **DISAPPROVE** this application.

Administrative Services

PHOTOGRAPH
OF
APPLICANT