

# APPLICATION FOR SOLICITORS/PEDDLERS/CANVASSER PERMIT

CITY OF WASHINGTON  
405 JEFFERSON STREET  
WASHINGTON, MO 63090  
PHONE 636-390-1000  
FAX 636-239-8945

DATE: \_\_\_\_\_

I hereby apply for the following Solicitor/Peddler License for the date beginning:

\_\_\_\_\_ and ending \_\_\_\_\_

## APPLICANT INFORMATION

FULL NAME OF APPLICANT: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

# OF CARDS REQUESTED: \_\_\_\_\_

PROOF OF ID: DRIVER'S LICENSE       GOV'T ID:       PASSPORT:       STATE ID:

PROPOSED ACTIVITY: \_\_\_\_\_

\_\_\_\_\_

D.O.B. OF APPLICANT: \_\_\_\_\_ SS#: \_\_\_\_\_

LIST OF INFRACTIONS, OFFENSES, MISDEMEANORS, OR FELONY CONVICTIONS FOR LAST 7 YEARS:

\_\_\_\_\_

\_\_\_\_\_

VEHICLE:              CAR               TRUCK               VAN               SUV

MAKE: \_\_\_\_\_              MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_              COLOR: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

By signing below, the afore mentioned applicant agrees to obey the City Code of the City of Washington, and the laws of Franklin County and State of Missouri. The applicant agrees that the information on this application is true and complete. Any false statement shall be adequate cause for refusal of License.

\_\_\_\_\_  
SIGNATURE

## SOLICITOR INFORMATION

### REQUIREMENTS:

NAME OF THE ORGANIZATION, PERSON(S) OR GROUP FOR WHOM DONATIONS (OR PROCEEDS) ARE

ACCEPTED: \_\_\_\_\_

PERMANENT ADDRESS OF THE ORGANIZATION, PERSON(S) OR GROUP FOR WHOM DONATIONS (OR

PROCEEDS) ARE ACCEPTED: \_\_\_\_\_

WEB ADDRESS FOR THIS ORGANIZATION (OR OTHER ADDRESS) FOR PERSONS(S) OR GROUP

ANSWERING OF SUBSEQUENT QUESTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PEDDLER INFORMATION

### REQUIREMENTS:

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

COPY OF MISSOURI SALES TAX LICENSE: YES  NO

LOCATION OF RECORDS OF SALES WITHIN CITY LIMITS: \_\_\_\_\_

\_\_\_\_\_