

APPLICATION FOR SOLICITORS' LICENSE
PEDDLERS, ITINERANT MERCHANT/TRANSIENT STREET VENDOR
(PLEASE PRINT)

PERSONAL INFORMATION
FULL NAME _____ D.O.B. _____ DATE: _____
SS# _____
Last First Middle
HGT _____ WGT _____ EYES _____ HAIR _____ IDENTIFYING MARKS _____

TEMPORARY OR LOCAL ADDRESS _____

OTHER NAMES USED _____

TELEPHONE _____ PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC? _____

IF YES, GIVE CIRCUMSTANCES _____

VEHICLE TO BE USED, MAKE _____ MODEL _____ TAG # _____

COMPANY NAME _____

TEMPORARY ADDRESS _____ TELEPHONE _____

NAME OF YOUR SUPERVISOR _____ TELEPHONE _____

TYPE OF MERCHANDISE OR SERVICE _____

VERIFICATION OF PAYMENT OF SALES TAX _____

IS ANY MONEY RECEIVED BEFORE DELIVERY OF MERCHANDISE? _____

HOW LONG DO YOU EXPECT TO BE WORKING IN THE SHAWNEE AREA? _____

NAMES OF AT LEAST TWO (2) REFERENCES:

1. _____

2. _____

CERTIFICATE OF APPLICANT:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACTS HEREIN MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO SOLICIT WITHIN THE CITY OF SHAWNEE.

SIGNATURE: _____ DATE: _____

USE BLACK INK

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

I, _____ hereby authorize the City of Shawnee, Oklahoma, its agents, servants and employees, to conduct a complete background check of myself in connection with my application for a _____ license.

I understand that in making this check and investigation, certain records which might otherwise be confidential will be checked, and I authorize such check of confidential records.

I hereby release the City of Shawnee, Oklahoma, its agents, servants and employees, and all other persons, firms, or corporations and government entities and subdivisions from any liability as a result of disclosing the information which I have herein authorized the City of Shawnee, Oklahoma, its agents, servants and employees to secure.

DATED THIS _____ Day of _____, 20____ at Shawnee , Oklahoma.

APPLICANT

DATE OF BIRTH

SOCIAL SECURITY NUMBER

STATE OF OKLAHOMA

COUNTY OF POTTAWATOMIE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____

NOTARY PUBLIC

My Commission Expires _____