

CITY OF HALLSVILLE APPLICATION FOR PEDDLERS, SOLICITORS, CANVASSERS

Cost \$2.00 per day per solicitor

Missouri Retail Sales Tax NO. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Number of permits required \_\_\_\_\_

Picture or copy of driver license provided of each permit recipient YES NO

Date and Place of Birth of each applicant (can provide information on separate sheet or on back

\_\_\_\_\_

The motor vehicle make, model, year, color and State license plate number of any vehicle which will be used by each person (can provide information on separate sheet or on back \_\_\_\_\_

\_\_\_\_\_

Legal Names of Company \_\_\_\_\_

Business Street & Mailing Address \_\_\_\_\_

City

State

Zip

Type and/or Nature of Business (in detail) \_\_\_\_\_

Flyer provided YES NO

Web address for business \_\_\_\_\_

Number of Days License Needed \_\_\_\_\_

Other cities applicant has conducted business within the past 6 months? \_\_\_\_\_

\_\_\_\_\_

Has applicant been convicted of any violation of laws or ordinances of this or any other city or state (other than minor traffic violations)? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Is applicant in debt or obligated in any manner to this city except current taxes? \_\_\_\_\_

Has applicant ever had a bond, business or other license suspended or revoked, in either this or any other state? \_\_\_\_\_ If yes, give details \_\_\_\_\_

Has applicant ever operated any type of business in Hallsville before? \_\_\_\_\_ If yes, when and what type?

\_\_\_\_\_

Is your business name is registered with the MO Secretary of State under the Fictitious name law? \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

Applicant signature