

APPLICATION FOR PEDDLER/COMMERCIAL SOLICITOR UNDER CHAPTER 804 SLCRO OR STREET VENDOR'S LICENSE UNDER CHAPTER 812 SLCRO

Please print. All questions MUST be answered. If a question does not apply, write N/A for non-applicable

NAME OF APPLICANT _____
FULL First Name Middle Initial Last Name

Permanent address of applicant. No post office Box # will be accepted. MUST BE an actual street address:

Street Address City State Zip Code Area Code & Phone #

IF APPLICANT IS FROM OUT OF TOWN give local residence address or hotel name and address. No Post Office Box # will be accepted, MUST BE an actual street address:

Street Address City State Zip Code Area Code & Phone #

AGE _____ BIRTHDATE _____ / _____ / _____ PLACE OF BIRTH _____
City & State or Country

SEX: M F RACE _____ SOCIAL SECURITY # _____ / _____ / _____

COLOR OF HAIR _____ COLOR OF EYES _____ HEIGHT _____ ' _____ " WEIGHT _____

Name of business represented (in St. Louis) _____

Address _____ Area Code & Phone# _____
Street address, city, state and zip code

Name of business represented (out of St. Louis) _____

Address _____ Area Code & Phone# _____
Street address, city, state and zip code

Relationship between business & applicant _____

PLACE AN X BY THE LICENSE FOR WHICH YOU ARE APPLYING AND ANSWER THE QUESTION:

() If applying for a Peddler's or Street Vendor's License list the merchandise to be sold:

() If applying for a Solicitor's License, what is being solicited:

Name(s) of Manufacturer(s) _____

Describe your operation _____
(What are you doing that you need this license?)

If a Street Vendor, list year, make & model of your vehicle _____
(Street Vendor's only)

Area of County in which you are Peddling, Street Vending or Soliciting _____
(permissible only in Unincorporated StLCnty)

Eash license is issued for a period of six (6) months ONLY.

Has applicant ever been convicted of any violation of any Federal, State, County or Municipal Law? _____ Yes _____ No
If yes, Describe fully _____

For additional space, use back of application

Punishment or penalty assessed _____
For additional space, use back of application

I certify that all answers and statements made on this application and any attachments are true to the best of my knowledge. I agree and understand that any misstatement of material facts herein is cause for suspension or revocation of this license.

DO NOT SIGN THIS APPLICATION (Signature) _____
UNTIL IN FRONT OF A NOTARY

Subscribed and sworn to before me this _____ day of _____

My commission expires:

Notary Public