

CITY OF LAKE SAINT LOUIS
APPLICATION FOR PEDDLER AND SOLICITOR PERMIT

APPLICANT NAME (person or organization) _____ PHONE _____

APPLICANT ADDRESS _____ NO. OF CARDS REQUIRED _____

INFORMATION ON OWNER/OWNERS:

NAME & ADDRESS: _____
_____ PHONE _____

DATE OF BIRTH: _____ PLACE OF BIRTH _____

MALE _____ FEMALE _____ SOCIAL SECURITY NUMBER: _____

WEB ADDRESS: _____ DRIVER'S LICENSE NUMBER _____

BRIEF DESCRIPTION OF BUSINESS: _____

DAYS AND HOURS OF OPERATION: _____

COPY OF SALES TAX LICENSE PROVIDED: YES _____ NO _____

ADDRESS WHERE BOOKS/RECORDS OF SALES WITHIN CITY ARE KEPT: _____

AREA OF CITY CANVASSING: _____ DATE(s) OF CANVASSING: _____

I have read and understand the attached excerpt of the City Code, and certify that this activity does not violate any provisions of that ordinance. I further certify that the above/attached information is true and correct to the best of my knowledge, and that I authorize an investigation to be conducted by the City of Lake Saint Louis as necessary for determining my moral character and eligibility for registration of a Peddler/Solicitor Permit. I am aware that willfully making a false statement or concealing a material fact can be basis for rejection of a Peddler/Solicitor Permit.

Signature of Owner

Date

Signature of Peddler/Solicitor

Date

PERMIT: **APPROVED** _____ **DISAPPROVED** _____

This _____ day of _____ 20__

City Clerk

INFORMATION ON PERSONS PEDDLING/SOLICITING: (must complete for each person requesting a card)

NAME OF PEDDLER/SOLICITOR: _____

ADDRESS OF PEDDLER/SOLICITOR: _____

_____ PHONE _____ MALE ___ FEMALE ___

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NO. _____

MOTOR VEHICLE MAKE _____ MODEL _____ YEAR _____ COLOR _____ STATE LICENSE
PLATE NUMBER _____ OF ANY VEHICLE USED BY PERSON REQUESTING A CARD

LIST ALL INFRACTIONS, OFFENSES, MISDEMEANORS AND FELONY CONVICTIONS FOR THE SEVEN YEARS IMMEDIATELY PRIOR TO THIS APPLICATION. (Use additional paper if necessary)

NAME OF PEDDLER/SOLICITOR: _____

ADDRESS OF PEDDLER/SOLICITOR: _____

_____ PHONE: _____ MALE ___ FEMALE ___

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NO. _____

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NAME OF PEDDLER/SOLICITOR: _____

ADDRESS OF PEDDLER/SOLICITOR: _____

_____ PHONE: _____ MALE ___ FEMALE ___

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

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