

PERMIT NUMBER:

EXPIRATION DATE:

SALES AND SOLICITATION APPLICATION

PERMIT INFORMATION

1. Type of Permit

____ SALES/SOLICITATION - \$25 PER DAY OR \$100 PER YEAR (PER PERSON)

____ SALES (NOT FOR PROFIT) – NO CHARGE

2. Applicant Information

Name _____ Date of Birth _____

Address _____ City/State _____ Zip _____

____ Photocopy of applicant’s state issued driver’s license or other form of legal identification.

Make, Model, Color & License Number of Vehicle (if being used): _____

Whether or not the applicant has ever been convicted of a crime involving moral turpitude or any felony conviction. ____ Yes ____ No

3. Business Information

Business Type: ____ Sole Proprietorship ____ Partnership ____ Corporation

State sales tax number. _____ Years in business _____

____ Credentials from the person, firm or corporation or association whom the applicant is employed by or represents.

Period of time for which the certificate and license is applied. _____

A brief description of the nature of the business and the goods to be sold. _____

Location and zoning of any temporary facility, structure, building or vehicle. _____

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4. List of names and photocopy of state issued driver's license or other form of legal identification:

5. Have any of the above mentioned been convicted of a felony? If so, who and when.

Upon receipt of this application, the City Clerk will refer it to the Chief of Police for approval, as stated in Sedgwick City Ordinance No. 834. If approved, license will be issued no more than 10 days from application.

I, _____, of _____, do hereby confirm that the statements contained herein are true to the best of my knowledge.

Applicant's signature _____ Date _____

_____ APPROVED

_____ DENIED

Sedgwick Police Chief Signature _____ Date _____

City Clerk's signature of approval _____ Date _____