



Date(s) License Valid:
_____
_____

# WASHINGTON

301 C Street, P.O. Box 296, Washington, KS 66968

## PEDDLER/SOLICITOR LICENSE APPLICATION

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

ATTACH COPY OF PHOTO ID

ATTACH COPY OF RECENT PHOTO (90 DAYS) OR FINGERPRINTS

### EMPLOYER OR COMPANY REPRESENTED

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

How long has business been in existence? \_\_\_\_\_

Federal ID# \_\_\_\_\_ Kansas Sales Tax # \_\_\_\_\_

State/Regulatory License #: \_\_\_\_\_

Certificate of Insurance: SUBMIT COPY OF CERTIFICATE OF INSURANCE

Nature of Business: \_\_\_\_\_ Term of License: \_\_\_\_\_

Type of Service or Product: \_\_\_\_\_

Where will the product be shipped from? \_\_\_\_\_

Method of delivery: \_\_\_\_\_

What procedure will be used to solicit order? \_\_\_\_\_

If other individuals, in addition to you, will be selling the product, list their names, addresses, date of birth, and social security numbers (attach additional sheets, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant(s) been convicted of, or plead guilty to, any crime, misdemeanor or violation of any city ordinance?  YES  NO If yes, give specific information such as: date of conviction, nature of offense, punishment, city and state convicted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location selling in city limits: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Solicitations or sales by any peddler, solicitor or canvasser shall be conducted only between the hours of 8:00 a.m. and 8:00 p.m., with a City License, or upon invitation at any hour.**

FOR OFFICE USE ONLY

**Date of Application:** \_\_\_\_\_

**Fee (Sec 8-107) CASH ONLY**

**\$25.00 Investigation Fee (if applicable) and \$10.00 per applicant per day (not to exceed \$100)**

**\$\_\_\_\_\_ Receipt Number \_\_\_\_\_**

**Approved by:** \_\_\_\_\_

**City of Washington Representative**

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**Received by Washington County Sheriff (or designee) on:** \_\_\_\_\_

**Approved**  **Denied** **Date:** \_\_\_\_\_

**Reason Denied:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Washington County Sheriff or designee:** \_\_\_\_\_