

HAWKER-HUCKSTER-PEDDLER APPLICATION

BUSINESSNAME: _____

BUSINESS OWNER: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OWNER PHONE: _____ OWNER CELL PHONE: _____

TYPE OF BUSINESS: _____

BUSINESS E-MAIL: _____

SOCIAL SECURITY NUMBER: _____

CORPORATE/PARENT CO.: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

FEDERAL EMPLOYER ID NUMBER: _____

MISSOURI SALES TAX ID NUMBER: _____

MAKE OF VEHICLE: _____

YEAR OF VEHICLE: _____

COLOR OF VEHICLE: _____ LICENSE PLATE: _____

MAKE OF VEHICLE: _____

YEAR OF VEHICLE: _____

COLOR OF VEHICLE: _____ LICENSE PLATE: _____

APPROXIMATE NUMBER OF DAYS WORKING: _____

Will need to provide a State issued Identification for each person working. Unless a State issued ID is provided they will not be able to go door to door.

I certify this information to be true per sections 8-62 and 8-63 of the City Code of Ordinances.

NOTE* FOR LICENSE TO BE ISSUED, ALL INFORMATION MUST BE PROPERLY FILLED OUT AND SUBMITTED TO THE CUSTOMER ASSISTANCE DEPARTMENT. YOU MUST ALSO PROVIDE A COPY OF A STATE ISSUED IDENTIFICATION.

SIGNATURE: _____ DATE: _____

LICENSE NO: _____ CATEGORY: _____ FEE: _____

CHECK: _____ CASH: _____ CREDIT CARD: _____

COPY OF STATE ID: YES: _____ NO: _____

ANY MONEY OWED TO THE CITY MUST BE PAID BEFORE LICENSE CAN BE ISSUED.