

PERMIT NUMBER:

EXPIRATION DATE:

SALES AND SOLICITATION APPLICATION

PERMIT INFORMATION

1. Type of Permit

_____ \$25 PER DAY (Per Person)

_____ \$100 PER YEAR (Per Person)

_____ SALES (Not For Profit) – NO CHARGE

Period of time for which license is to be issued: From: _____ To: _____

2. Applicant Information

Name _____ Date of Birth _____

Address _____ City/State _____ Zip _____

Phone _____

____ 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): _____

3. Business Information

Business Name: _____

Business Type: _____ Sole Proprietorship _____ Partnership _____ Corporation

Kansas State Sales Tax # (must attach copy) _____ Years in business _____

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

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. _____

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

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4. Names, birth dates, photocopy of state issued driver's license or other form of legal identification for all who will be working under this license:

Name	DOB	Driver's License #

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

The applicant understands that the license issued will not be used or represented in any way as an endorsement of the applicant by the City of Sedgwick or by any department, officer, or elected or appointed official of the City.

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, _____, the applicant, or individual legally authorized to sign for the corporation or partnership, state that upon signing this application, I understand and agree to the statements above and to the provisions set forth in Sedgwick City Ordinance No. 834, and certify that the information and answers herein contained are complete and true to the best of my knowledge.

Applicant's signature _____ Date _____

_____ APPROVED

_____ DENIED

Sedgwick Police Chief's signature _____ Date _____

City Clerk's signature of approval _____ Date _____