



City of Holton

430 Pennsylvania Ave., Holton, KS 66436
785-364-2721 www.holtonkansas.org

SOLICITOR OR PEDDLER PERMIT APPLICATION

Date: _____ Door-to-Door Sales Mobile Food Vendor

APPLICANT INFORMATION

Applicant Name _____ Date of Birth _____

Social Security # _____ Sex: M F Hair _____

Address _____ Height _____ Weight _____ Eye _____

_____ Phone # _____

Driver License # _____ Emergency Contact & Number _____

Attach copy of driver license or photo ID

Vehicle description and tag number _____

BUSINESS OR ORGANIZATION INFORMATION

Business or organization represented _____

Sales Tax # _____ Food Safety License _____
If applicable

Head of Business or Organization _____

Business address _____ Phone # _____

Type of item(s) being offered: _____

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- 1. Is this application for an INDIVIDUAL or a CIVIC ORGANIZATION? (Please circle one)
- 2. Are proceeds of solicitations for PROFIT or NON-PROFIT? (Please circle one)
- 3. Have you ever been convicted of a felony or any crime involving moral turpitude? YES NO
- 4. What dates will solicitor be operating in the city? (maximum 6 months)

From _____ to _____

Solicitors/Peddlers may operate only between the hours of 8:00 a.m. and 6:00 p.m. Monday –Saturday
\$10.00 per day or \$50.00 for six month period
\$25.00 Nonrefundable fee for background check

All information is true and complete to the best of my knowledge.

Applicant Signature

Date

=====For Office Use Only=====

Approved _____ Not Approved _____

Chief of Police: _____

Date: _____

City Clerk: _____

Date: _____

There is a five working day waiting period on all applications

VERIFICATION

STATE OF KANSAS}

}ss

COUNTY OF JACKSON}

Affiant, being of lawful age and first duly sworn, states as follows:

That the Affiant is the Applicant herein: has duly read the above and foregoing application, and hereby declares that the statements, allegations and matters contained therein are true and correct.

Applicant Signature

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public, in and for the County and State aforesaid, on this _____ day of _____, 20__.

Notary Public

(Seal)

My appointment expires: _____

