

## City of Holton

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

#### SOLICITOR OR PEDDLER PERMIT APPLICATION

Date: Door-to-D	Door Sales Mobile Food Vendor		
APPLICAN	T INFORMATION		
Applicant Name	Date of Birth		
Social Security #	Sex: M F Hair		
Address	Height Weight Eye		
-	Phone #		
Driver License #Attach copy of driver license or photo ID	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:			

#### **SOLICITOR OR PEDDLER PERMIT APPLICATION – PAGE 2**

1.	Is this application f	or an INDIVIDUAL or a CIVIC O	RGANIZATION? (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			
\$10.0 \$25.0	0 per day or \$50.00 f 0 Nonrefundable fee	7	rs of 8:00 a.m. and 6:00 p.m. Monday –Saturday nowledge.		
2 5	cant Signature		Date		
=====		======================================	Only====================================		
Appro					
	oved Not				
			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:

# Applicant should complete all relevant information and sign and date the form. \_\_\_\_\_, hereby authorize the City of Holton and/or its agents, to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications as an acceptable vendor with the City of Holton. I release the City of Holton and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge: Full Name (Printed) Middle First Last Maiden Name or Other Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Address \_\_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at present address? Former Address \_\_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at former address? Please list all states and counties since turning age 18: Driver License Number \_\_\_\_\_ State of License \_\_\_\_\_\_

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Signature of Applicant/Date

<sup>\*</sup>NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for this application.