PEDDLERS AND SOLICITORS PERMIT APPLICATION

Code of Ordinances Section 24-1 through 24-25

Note: A criminal background check and the related fee are required for the issuance of this license.

Applicant's Name _____

Applicant's SSN# _____

Applicant's Driver's License # _____ State_____Exp Date_____

Applicant's Date of Birth _____

Applicant's Local Phone # _____

Applicant's Address _____

_____

Applicant's E-Mail Address _____

Business/Organization _____

Business/Organization Address _____

_____

Business/Organization E-mail _____

Business/Organization Web Address _____

Business/Organization Phone # _____

Federal ID# _____ Sales Tax # _____

How long has business been in existence? _____

Nature of Business/Type of Service or Product _____

_____

License Term Requested Annual ☐ Daily ☐ Number of Days requested _____

Start Date_____ End Date_____

Number of Individuals Peddling/Soliciting In Addition to Yourself _____

Please complete and attach the Peddler/Solicitor Information Sheet. **Attach Files**

By signing below you are acknowledging that criminal background checks will be performed based on the information you have provided on this application and on all attachments. The information found on these background checks will be used for the approval/disapproval of these licenses.

By signing below you are also acknowledging that you have read and understand the following sections of Chapter 24 of the Code of Ordinances of the City of Manhattan, Kansas relating to canvassers, peddlers and solicitors: Sec. 24-2. Unlawful acts and 24-23. Conditions of licensure.

Applicant's Signature _____ Date _____

Save Form **Submit**

FOR OFFICE USE ONLY

Date of application _____

Permit Number _____

Peddler/Solicitor Info Sheet Attached Yes ☐ No ☐ reason _____

Date sent to RCPD _____

Fee (Sec. 19-40)

$15 per person, per day _____

$150 per person, per year _____

$20 per criminal background check, per person _____
Non-refundable

CASH ONLY

It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the Customer Service Office, 1101 Poyntz Avenue, or call 587-2480 or the TDD Kansas Relay Center at 1-800-766-3777. We are here to assist you in the registration/application process as well.

Revised 2011