

CITY OF CARL JUNCTION
SOLICITOR LICENSE (DOOR TO DOOR)

DATE : _____

NAME OF APPLICANT : _____

ADDRESS – CITY – STATE: _____

NAME OF BUSINESS : _____

ADDRESS –CITY – STATE : _____

BUSINESS PH #: _____

CELL PH #: _____ EMERGENCY PH #: _____

WEBSITE ADDRESS FOR BUSINESS: _____

PROPOSED ACTIVITY : _____ (ATTACH ANY LITERATURE OR BROCHURES)

PERSONAL INFORMATION

PHYSICAL DESCRIPTION OF APPLICANT : _____

DATE & PLACE OF BIRTH: _____

SOCIAL SECURITY # : _____

DRIVERS LICENSE NUMBER: _____ (ATTACH COPY OF LICENSE)

YEAR, MAKE, MODEL, COLOR & PLATE # : _____

ANY INFRACTION, OFFENSE, MISDEAMEANOR OR FELONY CONVICTIONS IN THE PAST

7 YEARS OTHER THAN TRAFFIC VIOLATIONS : YES OR NO

IF YES WHAT WAS THE CONVICTION: _____