



1609 E. CENTRAL AVENUE  
ANDOVER, KS 67002  
(316) 733-1303

## APPLICATION – SOLICITOR LICENSE

**There is up to a ten working day waiting period on applications**

**Original permit must be carried by individual while conducting business**

### APPLICANT INFORMATION

What dates will solicitor be operating in the City? (Maximum: one (1) year)

From \_\_\_\_\_ to \_\_\_\_\_

**\$10.00 (ten dollars) per Day    OR    \$100.00 (one hundred dollars) per 365 days**

Applicant's Name: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: M   F      Hair Color \_\_\_\_\_      Height \_\_\_\_\_      Weight \_\_\_\_\_      Eye Color \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Driver's license # \_\_\_\_\_ State issued \_\_\_\_\_  
**Attach a color copy of driver's license or State issued I.D. card to application**

Vehicle Make/Model travelling in \_\_\_\_\_ Tag# \_\_\_\_\_ color \_\_\_\_\_

### BUSINESS OR ORGANIZATION INFORMATION

Business/organization represented \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City / State/ Zip \_\_\_\_\_

Supervisor Name & Contact Information \_\_\_\_\_

**A copy of the Kansas Sales Tax Certificate MUST be submitted with this application**

Type of item(s) being offered: \_\_\_\_\_

Price of item(s) being offered: \_\_\_\_\_

1. Is this application for an INDIVIDUAL or a civic ORGANIZATION? (Please circle one)

Civic organizations defined as school, church, boy/girl scout groups, or other non-profit organizations may file one application attaching a complete list of those persons that will be selling in the City. List to include name and age of all parties. This requirement may be waived at the discretion of the City Clerk.

1. Are proceeds of solicitations for PROFIT or NON-PROFIT? (Please circle one)
2. Will solicitor receive salary or commission from proceeds? YES NO (Please circle one)
3. Have you ever been convicted of a felony or any crime involving moral turpitude? YES NO (Please circle one)

If yes, please give dates and charges: \_\_\_\_\_

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

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Applicant's Signature

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Date

\* \* \* \* \* \* \* For office use only below this line \* \* \* \* \*

**DO NOT ACCEPT APPLICATION UNLESS ALL PAPERWORK IS COMPLETE**

- Application
- Color copy of driver's license or State issued I.D.
- Copy of Kansas Sales Tax Certificate or K# certificate if using Social Security number
- Payment Amount Paid \$\_\_\_\_\_ Method of Payment \_\_\_\_\_
- Give applicant copy of City Ordinance 1587

Staff accepting Application \_\_\_\_\_

Chief of Police Approved \_\_\_\_\_ OR Denied \_\_\_\_\_

Clerk Issued \_\_\_\_\_