



# Solicitor Application

The undersigned hereby makes application for a Solicitor Permit in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 34 Peddlers, Solicitors & Transient Merchants, Article II

Daily \$50.00  Weekly \$250.00

**Must submit application at least 2 business days prior to start date**

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Kansas Sales Tax I.D. #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Solicitation Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of the nature of the business and goods to be sold/services to be offered: **(provide sample of handout)**

\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## VEHICLE INFORMATION (used for solicitation)

Year, Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ Tag #: \_\_\_\_\_

1. Have you ever been convicted of any crime involving moral turpitude or any felony convictions, misdemeanor or of violations involving force, threat of force, violence, theft, dishonesty, fraud, sexual misconduct or the violation of any laws regulating the act of Peddlers/Solicitors within the past five years in this state or any other state or subdivision thereof or of the United States? Yes or No

2. Have you ever had a peddler or solicitor permit, license or registration revoked or suspended under the ordinance of the City of Leavenworth or any other city? Yes or No

3. Information provided in this application is correct and true and the license will be displayed at all times while peddling or soliciting. Yes or No

4. I understand and agree that if a permit is granted, it will not be used or represented in any way as an endorsement by the City or by any department or officer of the City. Yes or No

**Office Use Only**

\_\_\_\_\_ Date

\_\_\_\_\_ Received By

\_\_\_\_\_ Sample of Handout

\_\_\_\_\_ KS Tax ID/Proof of Exemption

\_\_\_\_\_ Copy of Government ID

\_\_\_\_\_ Portrait Photo Taken

\_\_\_\_\_ Account Number

\_\_\_\_\_ License Number

\_\_\_\_\_ Bill Number (Daily or Weekly)

By signing, I agree to comply with the City of Leavenworth Ordinance, Rules, or Regulations that govern the license and that all information provided is true and correct. I understand that while soliciting I am to wear the city issued badge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees paid are not prorated, refundable or transferable**

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5<sup>th</sup> Street • Leavenworth, Kansas 66048