APPLICATION FOR PEDDLER/COMMERCIAL SOLICITOR UNDER CHAPTER 804 SLCRO OR STREET VENDOR'S LICENSE UNDER CHAPTER 812 SLCRO

INSTRUCTIONS: Please print. All questions MUST be answered. If a question does not apply, write N/A for non-applicable.

NAME OF APPLICANT_____
FULL First Name Middle Initial Last Name

Permanent address of applicant. No post office Box # will be accepted. MUST BE an actual street address:

_____
Street Address City State Zip Code Area Code & Phone #

IF APPLICANT IS FROM OUT OF TOWN give local residence address or hotel name and address. No Post Office Box # will be accepted, MUST BE an actual street address:

_____
Street Address City State Zip Code Area Code & Phone #

AGE_____ BIRTHDATE_____/_____/_____ PLACE OF BIRTH_____
City & State or Country

SEX: M F RACE_____**SOCIAL SECURITY #**_____/_____/_____

COLOR OF HAIR_____ **COLOR OF EYES**_____**HEIGHT**____ '_____" **WEIGHT**_____

Name of business represented (in St. Louis)_____

Address_____**Area Code & Phone#**_____
Street address, city, state and zip code
Name of business represented (out of St. Louis)_____

Address_____**Area Code & Phone#**_____
Street address, city, state and zip code
PLACE AN X BY THE LICENSE FOR WHICH YOU ARE APPLYING AND ANSWER THE QUESTION:

( ) If applying for a Peddler's or Street Vendor's License list the merchandise to be sold:

_____

( ) If applying for a Solicitor's License, what is being solicited:

_____

Name(s) of Manufacturer(s)_____

Describe your operation_____
(Detailed sentence i.e. I sell merchandise door to door)

If a Street Vendor, list year, make & model of your vehicle_____
(Street Vendor's only)
Area of County in which you are Peddling, Street Vending or Soliciting_____
(permissible only in Unincorporated StLCnty)
( ) If soliciting at any intersection (per the attached schedule) please indicate which intersection, date and time. (Only 3 days allowed per year.) _____

Has applicant ever been convicted of any violation of any Federal, State, County or Municipal Law? _____Yes _____No
If yes, Describe fully_____
For additional space, use back of application

Punishment or penalty assessed_____
For additional space, use back of application

I certify that all answers and statements made on this application and any attachments are true to the best of my knowledge. I agree and understand that any misstatement of material facts herein is cause for suspension or revocation of this license.

DO NOT SIGN THIS APPLICATION (Signature)_____
UNTIL IN FRONT OF A NOTARY
Subscribed and sworn to before me this _____day of _____
My commission expires:

_____**Notary Public**_____

ST. LOUIS COUNTY DEPARTMENT OF REVENUE, DIVISION OF LICENSES
41 S. CENTRAL, CLAYTON, MO 63105 (314) 615-4217

Revised as of Jan 2012