

**CITY OF COLBY
APPLICATION FOR SOLICITOR, CANVASSER, OR PEDDLER LICENSE**

Pursuant to Municipal Code- Chapter 5, Section 5-103

Name of Applicant: _____

Permanent home address of Applicant: _____

Local Address of Applicant: _____

List of Individuals accompanying/working with

Identification of vehicle(s) used by Applicant: _____

License tag information on vehicle(s) used: (State of _____ / Tag No. _____)

Certificate of Vehicle Insurance: _____

Nature of the business to be carried on or the goods to be sold: _____

Certificate of Insurance Liability, Insurance Provider and their Contact Information:

Length of time Applicant has been engaged in the business: _____

The name and address of the employer, together with credentials establishing such relationship, including the authority by the employer authorizing the Applicant to represent the employer in conducting business:

Length of time which business is proposed to be conducted in Colby: _____

Where are services to be performed? _____

Where are the goods or property proposed to be sold or orders taken for the sale there of manufactured or produced? _____

Where are such goods or products located at this time? _____

What is the proposed method of delivery? _____

Please provide current drivers licenses for all individuals listed above or, current photographs (taken within the past 90 days), names, addresses, and dates of birth will need to be filed with this application.

Have you been convicted of any crime, misdemeanor (other than minor traffic violations) or violation of any municipal law regulating peddlers, solicitors or canvassers? _____

If Yes, give the nature of the offenses, the punishment assessed therefor, if any, and the city and state where conviction occurred.

Applicant's Kansas Sales Tax number: _____

I, _____, authorize and give consent for the City of Colby to obtain information regarding myself, including a background and warrant check.

Applicant's Signature: _____ Date: _____

Contact phone number: _____

for Official Use Only

Findings of Police Chief:

Approved ____ **Not Approved** ____ **Date:** _____

Findings of City Manager:

Approved ____ **Not Approved** ____

Date: _____

Ron Alexander, City Manager