# **C:\Users\City of Carbondale\Documents\LOGO\CarbondaleKSlogoclrwslogan.pngCity of Carbondale**

234 Main Street

P.O. Box 70

Carbondale, Kansas 66414

## Phone: 785-836-7108

## Fax: 785-836-7942

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**SOLICITOR, CANVASSER OR PEDDLER PERMIT APPLICATION**

(Adopted on November 17th, 2014, Ordinance# 477-2014)

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TYPE:** Door to Door: \_\_\_\_\_\_\_\_\_\_ Mobile Food Vendor \_\_\_\_\_\_\_\_\_\_

**APPLICANT INFORMATION**

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address City, State & Zip

VEHICLE DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAG#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUSINESS OR ORGANIZATION INFORMATION**

BUSINESS OR ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRCLE ONE: INDIVIDUAL SELLER or CIVIC ORGANIZATION NON-PROFIT or FOR-PROFIT

TAX ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD SAFETY LICENSE (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEAD OF BUSINESS/ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address City, State & Zip

TYPE OF ITEMS OFFERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRICE OF ITEMS OFFERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL SELLER RECEIVE SALARY OR COMMISSION FROM PROCEEDS? YES or NO

HAVE YOU EVER BEEN CONVICETED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE? Y/N

WHAT DATES WILL SOLICITOR BE IN THE CITY? (Maximum is 1 year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOLICIT OR PEDDLE BETWEEN THE HOURS OF 9:00AM & 7:00PM ONLY. FEE-$5.00 PER DAY OR $30.00 FOR 6 MONTHS. $50.00 NON-REFUNDABLE FEE FOR EACH INDIVIDUAL BACKGROUND CHECK. THERE IS A 5 DAY WAITING PERIOD ON ALL APPLICATIONS.**

ALL INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

APPROVED: YES or NO CHIEF OF POLICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

CITY OFFICIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION**

STATE OF KANSAS)

COUNTY OF OSAGE)

) ss:

Affiant, being of lawful age and first duly sworn, states as follows:

That the Affiant is the Applicant herein; has duly read the above and foregoing Application, and hereby declares

That the statements, allegations and matters contained therein are true and correct.

Applicant Signature

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public, in and for the County and State

Aforesaid, on this day of , 20 \_\_\_ .

Notary Public

(Seal)

My appointment expires:

**BACKGROUND SCREENING CONSENT**

**Applicant should complete all relevant information and sign and date this form.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the City of Carbondale and/or its agents to make an independent investigation of my background, references, character, past employment education, credit history, adult criminal or police records and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications as an acceptable vendor with the City of Carbondale.

I release the City of Carbondale and its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following in my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAIDEN OR OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

SOCIAL SECURITY#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

HOW LONG A FORMER ADDRESS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ALL STATES AND COUNTIES OF RESIDENCE SINCE TURNING AGE 18:

DRIVERS LICENSE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SIGNATURE OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for this application.**