

CITY OF ANDOVER
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: _____

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

Applicant's Signature

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 _____