CITY OF CLEARWATER

www.clearwaterks.org

P.O. Box 453 • 129 E. Ross Ave. • Clearwater, KS 67026 • 620-584-2311 • Fax: 620-584-3119

SOLICITORS PERMIT APPLICATION

TIME LIMITS: 9:00 a.m. to DUSK ONLY

DATE: _____ Non- Refundable Application FEE: $25.00 License Fee $100 Expires December 31st.

☐ I hereby give consent to have my background searched. A background search may include, but not be limited to a criminal history inquiry, and other pertinent information. I understand that I must provide my full name, date of birth, copy of driver's license, and any alias or other name(s) I have been known by. I will provide any certificates, licenses or other authorizations as may be required by the city, state or other regulatory bodies applicable to proposed solicitation activity. I understand that this search will be conducted prior to the issuance of a solicitor's permit.

APPLICANT INFORMATION: (Please Print)

Applicant Full Legal Name:_____ *Must provide Work Visa if not an American citizen.*

Applicant Description: Hair Color: _____ Eye Color: _____ Age: _____ Height: _____ Weight: _____

Other Identifying Features: _____

Permanent Home Address:_____ State:_____ Zip:_____ Country: _____

Local Address:_____ State:_____ Zip:_____ Country: _____

Phone:_____ Date of Birth:_____ SSN:_____

Driver's License Number: _____ Expiration Date: _____

VEHICLE INFORMATION

Year:_____ Make and Model:_____ Color:_____Plate No.: _____ State: _____

BUSINESS INFORMATION

Nature of Business/goods to be sold:_____

If Employed, please provide credentials.

Company Name:_____ State Sales Tax Number_____

Address:_____City:_____ State:____ Zip:_____ Phone:_____

Length of time which business is proposed to be carried on:_____

Where such goods/products are located/performed at time of application? _____

Where are the goods or products manufactured or produced?_____

What is the proposed method of delivery?_____

Within two years prior to the date of 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? **Yes** ☐ **No** ☐

(if yes, give details on reverse side of the nature of the offenses, the punishment assessed therefor, if any, and the city and state where conviction occurred)

I, owner/manager of the above business do hereby authorize the applicant to represent the company in conducting business.

_____ _____

Business Owner/ Manager (Please Print) Signature

_____ _____

Signature of Applicant Date

*city contact Carrie Doxon at Carrie.Doxon@KS.GOV to verify sales tax information & KDOR →

Nature of the offenses:

_____

_____

_____

Punishment assessed therefore:

_____

_____

City and state where conviction occurred:

_____

For Office Use Only:

Police Check:

Approved:	Print Name:	Signature	Date
Yes ☐ No ☐			
Who ran background:			
Spider/Dispatch:			
Any wants or Warrants:	Yes ☐ No ☐		

Office Check:

Copy of DL	
Work Visa (if applicable)	
Credentials for Employment	
Statement if convicted of Misdemeanor	
Send Information to KDOR for Sales Tax Purposes.	
MUST PICK UP IN PERSON WITH ORIGNIAL COPIES OF ALL DOCUMENTATION FOR VERIFICATION PURPOSES	

*city contact Carrie Doxon at Carrie.Doxon@KS.GOV to verify sales tax information & KDOR