

APPLICATION FOR PEDDLERS/SOLICITORS LICENSE

**CITY OF MARTHASVILLE
402 EAST MAIN STREET
MARTHASVILLE, MO 63357**

PHONE (636)433-5554

FAX (636) 433-2283

DATE _____

CITY CLERK
City of Marthasville, Missouri

I hereby apply for the following Peddler/Solicitor License for the date beginning
_____ and ending _____

BUSINESS INFORMATION

Nature of Business And Goods To Be Sold _____

Name of Manufacturer of Goods _____

Address of Manufacturer of Goods _____

Method of Delivery: Door to Door _____ Temporary Location _____

If Temporary Location, Description of Such _____

Does Business Conduct Retail Sales? _____ (If yes, attach Certification Of No Tax Due)

APPLICANT INFORMATION

Full Name of Applicant _____

Date of Birth _____ Social Security No. _____

Home Address _____

Male or Female _____ Race _____ Height _____ Weight _____

Phone Number _____ Drivers License No. _____ License Plate No. _____

Vehicle Year _____ Make _____ Model _____ Color _____

LICENSE FEE \$ _____ (See Attached Sheet)

By signing below, the afore mentioned applicant agrees to obey the City Code of the City of Marthasville, and the laws of Warren County and State of Missouri. The applicant agrees that the information on this application is true and complete. Any false statements shall be adequate cause for refusal of License.

Signature

Date

MAKE CHECK PAYABLE TO THE CITY OF MARTHASVILLE

REQUIREMENTS:

1. Completed license application and license fee payment. All blanks must be filled in on application.
2. Photograph of each person for which a permit is requested. In lieu of this information, a drivers license, State identification card, passport or other government-issued identification card issued by a government within the United States containing this information may be provided and a photocopy taken.
3. A list of all infraction, offenses, misdemeanor and felony convictions of applicant for the seven (7) years immediately prior to the application.
4. If you are doing business in a temporary location, we will need written approval from the landowner.
5. A copy of the Business sales tax license as issued by the State of Missouri, provided that no copy of a license shall be required of any business which appears on the City's annual report of sales tax payees as provided by the Missouri Department of Revenue.
6. The location where books and records are kept of sales which occur within the City and which are available for City inspection to determine that all City sales tax have been paid.
7. **License must be carried on applicant/person at all times and must be reasonably visible to any person who might be approached by said person.**

FEES:

\$2.00 Per Day
\$5.00 3-5 Days
\$10.00 30 Days
\$30.00 Per Year

Carla Heggemann
City Clerk

City of Marthasville
402 E. Main Street
Marthasville, MO 63357
Phone (636)433-5554
Fax (636)433-2283
Email cityclerkofmarthasville@yahoo.com