

**CITY OF ROLLA SOLICITOR'S/PEDDLER'S LICENSE APPLICATION**

**Finance Department, PO Box 979, 901 N. Elm St., Rolla, MO 65402**

**573-426-6985 (phone)**

**573-426-6984 (fax)**

BUSINESS NAME \_\_\_\_\_

ADDRESS OF HOME OFFICE \_\_\_\_\_ PHONE \_\_\_\_\_

LOCAL ADDRESS (IF APPLICABLE) \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT'S NAME/ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DRIVER'S LICENSE NUMBER OF AGENT OR REPRESENTATIVE \_\_\_\_\_

SOCIAL SECURITY NUMBER OF AGENT OR REPRESENTATIVE \_\_\_\_\_

MERCHANDISE OR PRINCIPAL SERVICE \_\_\_\_\_

DATE(S) TO BE IN CITY OF ROLLA \_\_\_\_\_

DO YOU HAVE A MISSOURI RETAIL SALES TAX LIC. #? \_\_\_\_ Y \_\_\_\_ N \_\_\_\_\_ #

IF NOT, ARE YOU EXEMPT FROM COLLECTING SALES TAX? \_\_\_\_ Y \_\_\_\_ N IF YES, BY

WHAT AUTHORITY? \_\_\_\_\_

HAVE YOU SOLD OR SOLICITED IN MISSOURI PREVIOUSLY? \_\_\_\_ Y \_\_\_\_ N IF YES,

WHEN \_\_\_\_\_ WHERE \_\_\_\_\_

ARE YOU SELLING OUT OF A VEHICLE? \_\_\_\_ Y \_\_\_\_ N \_\_\_\_\_ LICENSE #

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

I DO HEREBY SWEAR THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I AUTHORIZE ANY REPRESENTATIVE OF THE CITY OF ROLLA TO RECEIVE VERIFICATION OF THESE STATEMENTS AND REALIZE THAT FAILURE TO SUPPLY STATEMENTS OR FALSIFICATION OF STATEMENTS MAY RESULT IN THIS APPLICATION BEING DENIED.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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ALL LICENSES ARE ISSUED FOR ONE MONTH. THE FEE IS \$50.00. IF MORE THAN ONE PERSON IS CANVASSING OR SELLING AT VARIOUS LOCATIONS, PLEASE LIST THE NAME AND SOCIAL SECURITY NUMBER BELOW. EACH SOLICITOR MUST CARRY A COPY OF THE PEDDLERS PERMIT. PLEASE BE SURE TO HAVE PROPERTY OWNERS' APPROVAL FOR SOLICITING PRIOR TO SOLICITATION DATE.

LIST BELOW THE NAMES OF ADDITIONAL PERSONS WHO WILL BE SOLICITING UNDER YOUR SUPERVISION.

- |    | NAME  | SOCIAL SECURITY # |
|----|-------|-------------------|
| 1. | _____ | _____             |
| 2. | _____ | _____             |
| 3. | _____ | _____             |
| 4. | _____ | _____             |

**PLEASE DO NOT MARK BELOW THIS LINE – FOR OFFICE USE ONLY**

_____	NON REFUNDABLE FEE RECEIPT NUMBER	_____	HEALTH DEPART OPERATING PERMIT EXPIRE. DATE
_____	MO RETAIL SALES TAX NUMBER OR WAIVER	_____	WORKER'S COMPENSATION EXPIRATION DATE
_____	FIRE	_____	ZONING
_____	BUILDING/ELECTRICAL	_____	CUSTOMARY HOME OCCUPATION WAIVER