

CITY CLERK SIGNATURE

FOR OFFICE USE ONLY	
Date Written:	
License #:	

## Application for Solicitor/Peddler/Itinerant Merchant/Transient Vendor License

Full Name of Applicant:	Local Address:
Permanent Address:	Phone:
Date of Birth:	SSN:
Email:	Cell Phone:
Complete Name of Business or Organization Applicant Represents:	Permanent Address of Business or Organization Applicant Represents:
OK State Sales Tax #:	(if not applicable, check box) N/A
• Provide verification of payment of sales tax to Ol	klahoma Tax Commission YES NO N/A
• Type of License (circle one) Annually-\$75.00 M	Monthly-\$20.00 Daily-\$5.00 FROM:TO:
Type of Business and Goods Sold:	
	ice that establish business has complied with Title 19 O.S.
Section 1608 YES NO N/A	the complete with The 17 O.S.
Description of Applicant:	
MaleFemaleHair ColorEye Color	HeightWeight
Description of Vehicle(s) to be used to make sales or solicita	tions (use heak or additional shorts if needed)
Make Model Description	
<ul> <li>Names of two (2) reliable property owners from within</li> </ul>	
business responsibility:	the state who certify as to applicant's good character and
business responsibility:	have you ever had one revoked? If yes, please list place and
<ul> <li>business responsibility:</li> <li>Were you ever denied a license or permit to solicit, or</li> </ul>	
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