

To be completed by City Hall

Date Rec'd: _____

Date to LPD: _____

Date Issued: _____

Date Denied: _____

Date Revoked: _____

License Fee: \$25 or \$100

Copy of Identification

Attach Copy of Ladue ID:

Vehicle Insurance Card: _____

This Application for Solicitor and Canvasser is also available in alternative format, (e.g. large print braille) by request.

SOLICITOR AND CANVASSER

LICENSE APPLICATION

DATE: _ _ _ _ _ **SOLICITOR:** _ _ **CANVASSER:** _ _ (check one)

FULL NAME: _____ **DOB:** _ _ _ **PLACE OF BIRTH:** _____

SSN: _ _ _ _ _ **ANY OTHER NAMES USED IN LAST TEN YEARS:**

CURRENT PERMANENT ADDRESS: _ _ _ _ _

CURRENT LOCAL ADDRESS: _ _ _ _ _

BUSINESS TELEPHONE: _____ **HOME TELEPHONE:** _____

CELL TELEPHONE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR (excluding minor traffic offenses)? IF CONVICTED PROVIDE THE FOLLOWING:

<u>TYPE OF OFFENSE</u>	<u>PENALTY IMPOSED</u>	<u>DATE</u>	<u>LOCATION OF CONVICTION</u>
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(use additional sheet for additional convictions)

PROVIDE THE FOLLOWING INFORMATION FOR EACH MOTOR VEHICLE WHICH SHALL BE USED IN THE PROPOSED ACTIVITY:

MAKE MODEL COLOR VIN PROOF OF INSURANCE LICENSE PLATE#
(provide a copy of card)

(use additional sheet for other vehicles)

HAVE YOU EVER BEEN DENIED A SOLICITATION LICENSE OR HAD A SOLICITATION LICENSE REVOKED BY ANY GOVERNMENTAL ENTITY? YES NO (circle one) IF SO PROVIDE THE GOVERNMENTAL ENTITY DENYING OR REVOKING SAID LICENSE, THE REASON FOR EACH DENIAL OR REVOCATION AND THE DATE(S) OF SAME. (attach additional sheet if necessary)

TIME PERIOD OF SOLICITATION: FROM ____ TO ____ (not to exceed one year)

DESCRIBE THE PROPOSED ACTIVITY (A copy of literature to be distributed may be substituted for this description).

(attach additional sheet if necessary)

IF FUNDS ARE TO BE SOLICITED PROVIDE THE FOLLOWING (use a separate sheet):

- A. The name, telephone number and permanent address of the organization or person who can provide a prospective donor with more information about the use of such funds.
- B. The name, address, and telephone number of the organizations or persons for whom solicitors receive donations or profits.

IF GOODS OR SERVICES ARE TO BE SOLD PROVIDE THE FOLLOWING (use a separate sheet):

- A. The name and permanent address of the business offering the good or service.
- B. A copy of the principal's sales tax license as issued by the State of Missouri.
- C. The location where books and records are kept of sales which occur with the city and which are available for city inspection to determine that all city sales taxes have been paid.

I, _____ acknowledge that I have been provided a copy of the city of Ladue "No Visit List".

(signature of applicant)

I, _____, certify that all statements and information provided in this application are true to the best of my knowledge.

(signature of applicant)

State of Missouri)
) ss.
County of St. Louis)

On this _ day of _____, 2____, before me, the undersigned notary public, personally appeared _____ who so identified him/herself as such by a government-issued photographic identification, whose name is subscribed to the above license application and acknowledged that he/she executed the same for the purposes therein contained and the statements contained therein are true and correct to his/her best knowledge and belief. In witness whereof, I have hereunto set my hand and official seal.

Notary Public

My commission expires: _____