



City of Carbondale

234 Main Street
P.O. Box 70
Carbondale, Kansas 66414
Phone: 785-836-7108
Fax: 785-836-7942

Email: cityhall@carbondaeks.com
Website: carbondaeks.com

SOLICITOR, CANVASSER OR PEDDLER PERMIT APPLICATION

(Adopted on November 17th, 2014, Ordinance# 477-2014)

DATE: _____ **TYPE:** Door to Door: _____ Mobile Food Vendor _____

APPLICANT INFORMATION

APPLICANT NAME: _____ DOB: _____

SOCIAL SECURITY#: _____ DRIVER'S LICENSE#: _____

ADDRESS: _____, _____ PHONE#: _____
Street Address City, State & Zip

VEHICLE DESCRIPTION: _____ TAG#: _____

EMERGENCY CONTACT: _____

BUSINESS OR ORGANIZATION INFORMATION

BUSINESS OR ORGANIZATION: _____

CIRCLE ONE: INDIVIDUAL SELLER or CIVIC ORGANIZATION NON-PROFIT or FOR-PROFIT

TAX ID#: _____ FOOD SAFETY LICENSE (if applicable): _____

HEAD OF BUSINESS/ORGANIZATION: _____

ADDRESS: _____, _____ PHONE#: _____
Street Address City, State & Zip

TYPE OF ITEMS OFFERED: _____ PRICE OF ITEMS OFFERED: _____

WILL SELLER RECEIVE SALARY OR COMMISSION FROM PROCEEDS? YES or NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE? Y/N

WHAT DATES WILL SOLICITOR BE IN THE CITY? (Maximum is 1 year): _____

SOLICIT OR PEDdle BETWEEN THE HOURS OF 9:00AM & 7:00PM ONLY. FEE-\$5.00 PER DAY OR \$30.00 FOR 6 MONTHS. \$50.00 NON-REFUNDABLE FEE FOR EACH INDIVIDUAL BACKGROUND CHECK. THERE IS A 5 DAY WAITING PERIOD ON ALL APPLICATIONS.

ALL INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.

_____, _____
Applicant Signature Date

*******OFFICE USE ONLY *******

APPROVED: YES or NO CHIEF OF POLICE: _____ DATE: _____

CITY OFFICIAL: _____ DATE: _____

VERIFICATION

STATE OF KANSAS)

) ss:

COUNTY OF OSAGE)

Affiant, being of lawful age and first duly sworn, states as follows:

That the Affiant is the Applicant herein; has duly read the above and foregoing Application, and hereby declares

That the statements, allegations and matters contained therein are true and correct.

Applicant Signature

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public, in and for the County and State

Aforesaid, on this _____ day of _____, 20_____.

Notary Public

(Seal)

My appointment expires:

BACKGROUND SCREENING CONSENT

Applicant should complete all relevant information and sign and date this form.

I, _____, hereby authorize the City of Carbondale and/or its agents to make an independent investigation of my background, references, character, past employment education, credit history, adult criminal or police records and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications as an acceptable vendor with the City of Carbondale.

I release the City of Carbondale and its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following in my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME: _____ MAIDEN OR OTHER: _____
First Middle Last

SOCIAL SECURITY#: _____ DATE OF BIRTH: ____/____/____

CURRENT ADDRESS: _____
Street City Zip

HOW LONG AT PRESENT ADDRESS? _____

FORMER ADDRESS: _____
Street City Zip

HOW LONG A FORMER ADDRESS? _____

PLEASE LIST ALL STATES AND COUNTIES OF RESIDENCE SINCE TURNING AGE 18:

DRIVERS LICENSE NUMBER: _____ STATE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

***NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for this application.**