

\$11.00 per day
or
\$10.00 per year

CITY OF GRANBY
P.O. BOX 500 ~ 302 N. MAIN ST.
GRANBY, MO 64844
417-472-6556 ~ 417-472-6533 FAX

APPLICATION FOR SOLICITORS/PEDDLERS PERMIT AND CERTIFICATE

NAME _____ DATE OF BIRTH _____

ADDRESS _____

SOCIAL SECURITY # _____

HOME PHONE _____ BUSINESS PHONE _____

SALES TAX # _____

DRIVERS LICENSE # _____ STATE _____

NAME OF COMPANY REPRESENTING _____

ADDRESS _____

NATURE OF BUSINESS _____

KINDS OF GOODS OR SERVICES TO BE SOLD _____

RELATIONSHIP WITH COMPANY _____

LENGTH OF TIME REQUESTED TO DO BUSINESS IN GRANBY _____

TYPE OF AUTOMOBILE _____

LICENSE TAG # _____ YEAR _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER OFFENSE INVOLVING DISHONESTY?

_____ IF YES, WHAT WAS NATURE OF OFFENSE

AND PUNISHMENT OR PENALTY ASSESSED? _____

DATE _____ SIGNATURE _____

APPLICATION RECEIVED BY _____ DATE _____

APPROVED OR DISAPPROVED _____