



City of MARYLAND HEIGHTS

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| License #: <u>SQL</u> |
| Amount Paid: _____ |
| CC Auth. #: _____ |
| For City Use Only |

APPLICATION FOR SOLICITOR'S CERTIFICATE OF REGISTRATION

Type or print clearly

APPLICATION REQUIREMENTS:

1. Completed application.
2. Check for \$25.00 for each (30) thirty-day period or fraction thereof. *Payable to: City of Maryland Heights*
3. Completed record check from the Missouri State Highway Patrol.
4. Copy of driver's license or photo ID. Must be legible.

BUSINESS INFORMATION:

Name of Company: _____

Company Address: _____

City _____ State _____ ZIP _____

Company Phone #: _____ Missouri Retail Sales License Number: _____

Contact Person (other than applicant): _____

Work #: _____ Cell Phone #: _____

APPLICANT INFORMATION:

Name of Applicant (Last, First, Middle Initial): _____

Home Address: _____

City _____ State _____ ZIP _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ SSN#: _____

Sex: _____ Height: _____ Weight: _____ Race: _____

Length of time of applicant's employment with or representation of company: _____

Date of latest application filed with the city: _____

Has a certificate of registration issued to you or the company ever been revoked?

Yes _____ NO _____

Have you or the company ever been convicted of any violation(s) of provisions of any ordinance regulating soliciting?

Yes _____ NO _____

Have you or the company ever been convicted of a felony under the laws of the state or any other state or federal law?

Yes _____ NO _____

Please complete page two of this application.

DESCRIPTION:

Description of solicitation including products/services: _____

Dates of Solicitation:

From: _____ To: _____
Note: must be 5 business days from the time application is made

Hours of Solicitation:

From: _____ To: _____
Note: Hours may not be prior to 9:00 a.m. nor later than 7:00 p.m. or nightfall, whichever comes first.

Contact Person on day(s) of solicitation: *Must be a supervisor, managing officer, or authorized representative with the company.*

Name of Applicant (Last, First, Middle Initial): _____
Phone Number: _____ Email: _____

APPLICANT ACCEPTANCE

THE INFORMATION GIVEN ABOVE IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE REFUSAL.

Signature DATE

Please return this form to:
City of Maryland Heights
Attn: Licensing
11911 Dorsett Rd
Maryland Heights, MO 63043