

Application Date: _____

Permit No.: _____

Fee: **\$30.00**

-- SOLICITOR OR TRANSIENT MERCHANT LICENSE APPLICATION --

This Solicitor or Transient Merchant license application constitutes a request for a license to engage in Solicitation or Transient Merchant Activities within the City of Green Park. It shall be unlawful for any Solicitor/Peddler or Transient Merchant to engage in such business within the corporate limits of the City of Green Park without first registering with the City Administrator for a license for such business in compliance with the provisions contained in Chapter 620 of the Municipal Code. Applicants should allow 24-48 hours for approval of this application.
Ordinance #622 09/20/10; #727 09/15/2014

Solicitation Hours: Monday through Sunday 10:00 A.M. - 5:00 P.M. Transient Merchant Hours: Monday through Sunday 7:00 A.M. – 8:00 P.M.

Information Concerning Application:

Attach copy of valid photo identification:

Driver's License

Other (Specify): _____

Name: _____

Address	City	State	Zip Code
() _____	() _____	_____	_____
Phone Number	Fax Number	Email Address	

Mailing Address (If different than above):

Address	City	State	Zip Code
() _____	() _____	_____	_____
Phone Number	Fax Number	Email Address	

Business or Entity with which Applicant is associated:

Business/Entity Name	Contact Name		
_____	_____		
Address	City	State	Zip Code
() _____	() _____	_____	_____
Business Phone Number	Business Fax Number	Business Email Address	

Applicant's supervisor, manager, employer, supplier, etc:

Name of supervisor, manager, employer, supplier, etc.	Title		
_____	_____		
Address	City	State	Zip Code
() _____	() _____	_____	_____
Business Phone Number	Business Fax Number	Business Email Address	

Type of Business in which Applicant will engage:

General description of thing or things to be sold (Applicant may attach copy of any literature that will be distributed in lieu of description):

Requested duration of license (May not exceed six (6) months): _____

If applicable, indicate a web address for the Applicant's organization, person, or group where City residents having questions or concerns can go for information on the Applicant's solicitation or transient merchant activities: _____

Has the Applicant ever had a solicitor's, peddler's, transient merchant or other similar license denied or revoked by any other governmental entity? YES NO

If Yes, state the governmental entity, date, and reason for each denial or revocation (Attach additional sheets if necessary):

Has the Applicant been convicted of any crime within the past five (5) years? YES NO

If Yes, state the governmental entity, date, and reason for each denial or revocation (Attach additional sheets if necessary):

State the Applicant's place(s) of residence for the five (5) years immediately preceding the date of this application, with current residence first (Attach additional sheets if necessary):

Residence #1:

Address City State Zip Code

Residence #2:

Address City State Zip Code

Residence #3:

Address City State Zip Code

Will the Applicant's activities involve sale of food? YES NO

If Yes, attach a copy of permit from St. Louis County Health Department (If a permit from the County Health Department has not yet been obtained, Applicant is required to submit permit to the City before engaging in solicitation or transient merchant activities, otherwise this license shall be denied or revoked)

Sales Tax Information (check one):

- Attached is a copy of the Applicant's (or related business's) Sales Tax License issued by the State of Missouri.
- The Applicant (or related business) appears on the City's annual report of sales tax payees as provide by the Missouri Department of Revenue.

If a vehicle will be used in connection with Transient Merchant Activities, complete Transient Merchant Vehicle Form

Representation Concerning Authority & Compliance with Laws:

The information contained herein is true, and correct and complete to the best of my knowledge and belief. By signing this application, I consent to the City of Green Park conducting a background check in accordance with Chapter 620 of the Green Park Municipal Code and agree to pay the actual costs associated with such background check that may incurred the City of Green Park.

Signature Printed Name Date

City Use Only

Solicitor License Application Request: Approved Denied Hours Mon - Sat 10 am to 5 pm Date: _____
Transient Merchant License Application Request: Approved Denied Hours Mon - Sun 7 am to 8 pm Date: _____

City Administrator/City Clerk Date

City Comments: _____

-- TRANSIENT MERCHANT VEHICLE FORM --

If a vehicle will be used in connection with Transient Merchant Activities, complete and attach this form to the Applicant's Solicitor or Transient Merchant License Application. Attach additional forms for additional vehicles that will be used in connection with Transient Merchant Activities

Applicant's Name: _____

Name of Owner of Vehicle as registered with the Missouri Department of Revenue or equivalent state agency:

Address of Owner of Vehicle as registered the Missouri Department of Revenue or equivalent state agency:

_____ Address _____ City _____ State _____ Zip Code

Description of Vehicle:

_____ Year _____ Make _____ Model _____ Vehicle Identification Number (VIN)

Describe any identifying marking on the Vehicle, including any names, number, addresses, or insignia:

If Applicant is the owner of the Vehicle, identify the date of purchase of the Vehicle and the name and address of the person from whom the vehicle was acquired:

If Applicant is not the Owner, identify the Applicant's interest in the Vehicle:

Identify any other person not otherwise identified on this form that has any interest whatsoever in the Vehicle:

Attach the following to this form:

- Copy of valid Driver's License
- Copy of Proof of Insurance
- Proof of Vehicle Registration and Licensing

(May include documents or receipts issued by Mo. Dept. of revenue or equivalent state agency, photo of vehicle with current registration tags, or other documents acceptable to the City Administrator)