

# Walton Kansas

## Total Community Interest

122 Main  
P.O. Box 200  
Walton Ks 67151

Phone- (620) 837-3252  
Fax- (620) 837-3203  
cityofwalton@pixius.net

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

D.L. # \_\_\_\_\_ State Issued: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone# \_\_\_\_\_

Proof Of I.D. \_\_\_\_\_ Proof Of Employment: \_\_\_\_\_ Valid Use Date \_\_\_\_\_

I agree to the following: that by accepting a permit to solicit door-to-door within the city limits of Walton, Kansas, I will exercise highest integrity and honesty in my presentation. I will not misrepresent, in any verbal or non-verbal way, my company, products, warranties, or my own education/training. I will accept One negative declaration from any customer as a determination that no **further solicitation at that address or of it's residents will be sought in person by phone at any time** during any six-month period. I will remit all sales tax to the State of Kansas as prescribed by law. I will not solicit within the city limits of Walton, Kansas more than once in any six-month period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

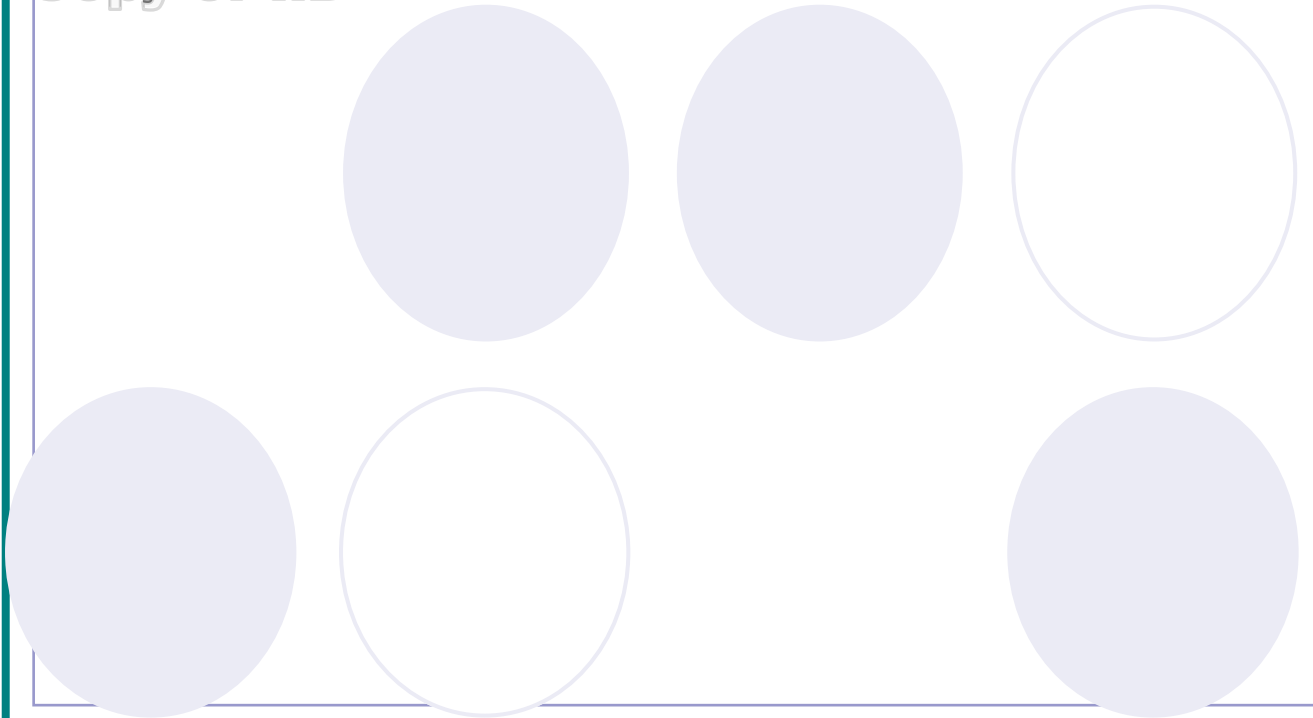
\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date

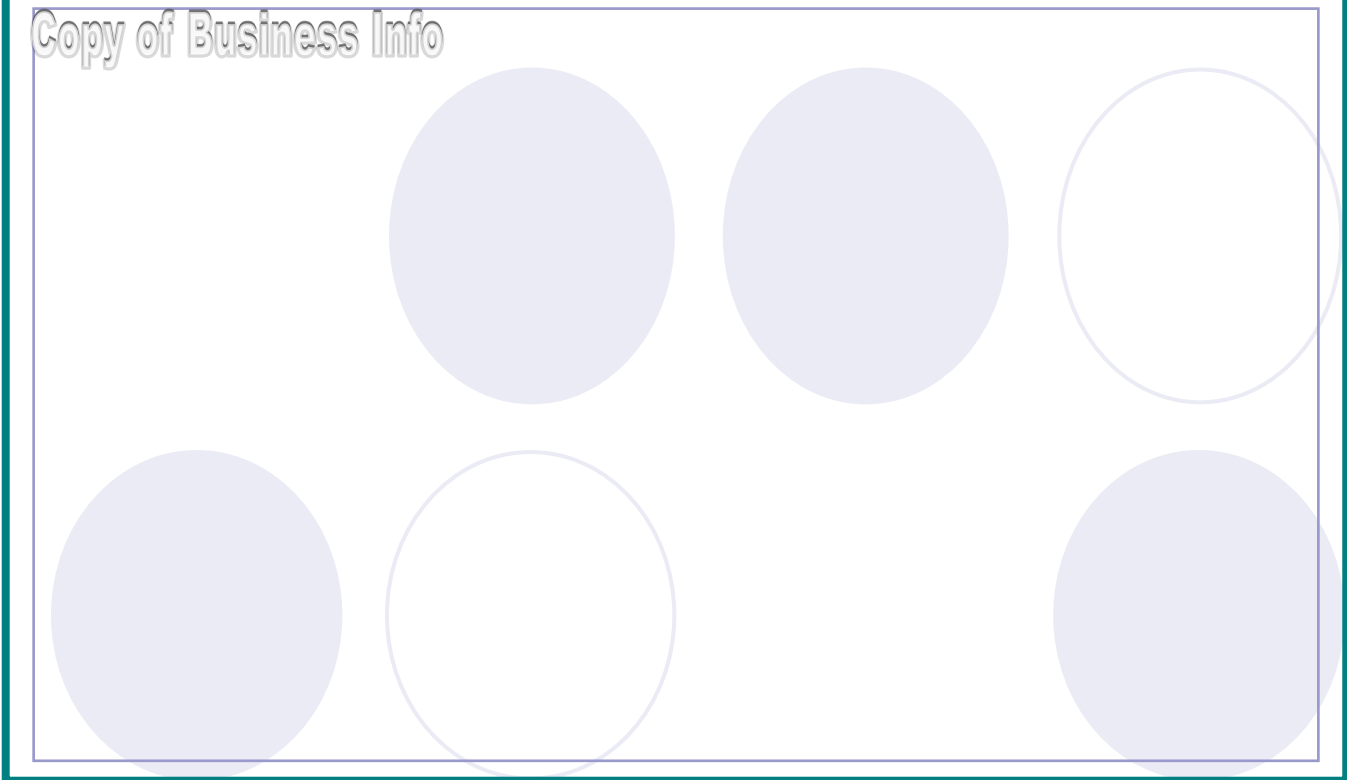
# Permit To Solicit In Walton City Limits

On This Date: \_\_\_\_\_

Copy of I.D



Copy of Business Info



Vendor must present this to Customer, immediately upon contact.