

City of Moran

339 N. Cedar/PO Box 188
Moran, KS 66755-0188
Phone (620)237-4271/Fax (620)237-4291

License Fee: \$25.00 per day
(Maximum of \$100.00 within a 6-month period)

Solicitor Permit Application

Name: _____

Date: _____

PERMANENT

LOCAL

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Employer: _____

Address: _____

Length of Service: _____

City, State, Zip: _____

Kansas Sales Tax #: _____

Telephone: _____

Driver's License #: _____

Social Security #: _____

Date of Birth: _____

Male/Female: _____

Eye Color: _____

Weight: _____

Description of the nature of your business and the goods to be sold or distributed:

Dates Soliciting/Canvassing in the City of Moran _____

IF VEHICLE TO BE USED IN SOLICITING/CANVASSING, PLEASE COMPLETE THE FOLLOWING:

Vehicle Make/Model: _____

Tag #: _____

Year: _____

Color: _____

PLEASE INITIAL EACH BOX BELOW INDICATING THAT YOU HAVE READ AND UNDERSTAND EACH:

- I swear that I *have not* been convicted of a felony, misdemeanor, or ordinance violation involving force, violence, moral turpitude, deceit, fraud, or any law regulating the act of soliciting or canvassing as defined by this chapter within the last two (2) years in this state or any other state or subdivision thereof or of the United States,
- I swear that I *have not* had a solicitation permit or registration revoked or suspended under the ordinances of the City of or any other City,
- I understand and agree that if this permit is granted, it will not be used or represented in any way as an endorsement of the City of or any department or officer of the City,
- I understand that if this permit is granted I must adhere to all regulations of Municipal Code, Chapter 5, Article 1, and that if I fail to follow the regulations that I may be subject to fines up to \$500.00 and imprisonment.

A COPY OF A DRIVER'S LICENSE OR A PHOTO IDENTIFICATION CARD (TAKEN WITHIN NINETY DAYS) IS REQUIRED BY MORAN CITY CODE.

I SWEAR THAT THE ABOVE IS TRUE AND ACCURATE INFORMATION,

Signature of Applicant _____ Date: _____

Subscribed and sworn to me before this ' ' ' ' day of _____, 20 ____.

My commission expires: _____

Signature of Notary: _____

Seal:

Approved by: _____

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