



## Peddlers/Solicitors License Application

**FEE \$25** (per day)  
**\$5.00** per Identification Card

We are pleased to receive your application for Peddlers/Solicitors License. The fee is \$25 per day, in order to obtain approval you will need to provide the dates that you are wanting to peddle/solicit, a copy of each peddler's/solicitor's driver's license, the date and place of birth, and social security number. The make, model, color, year, license plate number and issuing state of each vehicle being used. Please provide the nature of the business and a copy of the pamphlets or materials being distributed In addition, each peddler/solicitor will need to pass a background screen by the Oak Grove Police Department. Allow 2-3 business days to process. **Hours of solicitation are 9:00 am and 6:00 pm Central Daylight Time.**

<b>Business Name and Address</b>					
Business/Organization Name:		Date of Application:			
Company Web Address:		D/B/A:			
Business Phone:		Email Address:			
Physical Address:		Mailing Address:			
City:	State:	Zip:	City:	State:	Zip:
<b>Owners, Officers and Manager Information (list additional owners on separate sheet)</b>					
Business Owner Name:		Manager/Contact person:			
Home Address:		Home Address:			
City:	State:	Zip:	City:	State:	Zip:
Cell Phone Number:		Cell Phone Number:			
<b>Peddler/Solicitor Information</b>					
<input type="checkbox"/> Copy of Drivers License	Vehicle Make:		License Plate Number:		
<input type="checkbox"/> Copy of Pamphlets attached	Vehicle Model:		State Issued:		
<input type="checkbox"/> Completed Background A / D	Vehicle Color and Year:		# of Identification Cards:		
Peddler/Solicitor's Phone:		Nature of Business:			
Peddler/Solicitor's DOB:		Dates Requested to Solicit:			
Place of Birth:		Have you been convicted of a crime in the last 7 years Yes No			
Peddler/Solicitor's SSN:		Explain:			
<b>Applicant Certification</b>					
I certify that the information stated on this application is true and correct to the best of my knowledge. I understand that the City may request substantiation for my claim as to the number of employees disclosed or any other provided information herein. I agree to comply with the provisions of the City ordinance and all applicable laws. I further certify that I am not in arrears in the payment of any tax, fee or other charge due to the City. I am aware of the penalties for falsifying information on this application.					
Print name:		Signature:		Title: _____ Date: _____	
<b>City Certification (Office Use Only)</b>			<b>License Number:</b> _____		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		City Clerk x		Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Inspected		Building Official x		Date: _____	
Date Paid:		Amount Paid: \$	Cash	Check No.	Other
Date Sent:					