Phone:



APPLICANT NAME:

Phone: 660-653-2595 Fax: 660-563-5634

PEDDLER'S LICENSE APPLICATION

July 1, 2023 - June 30, 2024

Please provide the following information and submit this form with the required \$25.00 application fee and \$10.00 background check fee to the City of Knob Noster.

| Applicant Address: | | | | |
|--------------------|---------------------|----------|---------------------|--------|
| Driver's License: | | | State: | |
| Date of Birth: | | | SSN: | |
| EMPLOYER INFORMAT | <u>ΓΙΟΝ:</u> | | | |
| Employer Name: | | | Phone: | |
| Employer Address: | | | | |
| VEHICLE INFORMATIO | <u>N:</u> | | | |
| Color: | | Model: | Year: | |
| License #: | | State: | | |
| OTHER SOLICITORS: | | | | |
| Name: | | DOB: | Driver's License #: | State: |
| | | | | |
| Signature: | | | Date: | |
| Email: | | | | |
| For City use only: | | | | |
| License #: | ** New / Renewal ** | Date Pd: | ** Amount Pd: | |