



Please submit this form to:
City Clerk
419 N Broadway
785-263-2550
shayla@abilenecityhall.com

APPLICATION FOR SOLICITOR OR CANVASSER LICENSE

in the City of Abilene

DATE _____

To the City Clerk, City of Abilene, Kansas:

I, hereby make application for a license as a solicitor or canvasser in the City of Abilene, Kansas, under the provisions of Ordinance No. 1007 and all other ordinances applicable thereto. I agree to comply with all provisions of all ordinances and laws, now in force and hereafter enacted. I agree to carry a copy of the receipt or contract pursuant to KSA 50-630. I also agree that if such license issued to me the same may be suspended by the City Manager until the next meeting of the Board of Commissioners when said Board upon a hearing of the matter, with notice to the licensee and affording him an opportunity to be heard, may permanently revoke or cancel such license or terminate the suspension of such license. Also, under provisions of the Kansas Consumer Protection Act, KSA 50-623 et seq., the City of Abilene, Kansas has the right to cancel my license until midnight of the third day of the sale. If I misrepresented any facts in the following statements for any reason which they may deem sufficient, I agree to surrender such license issued to me in connection therewith, and in order to secure such license I make the following statements:

NAME OF APPLICANT _____

DATE OF BIRTH _____ **SSN** _____

WEIGHT _____ **HEIGHT** _____ **HAIR COLOR** _____ **EYE COLOR** _____

PERMANENT HOME ADDRESS _____

FULL LOCAL ADDRESS _____

BUSINESS PHONE # _____ **CELL PHONE #** _____

FULL DESCRIPTION OF BUSINESS _____

LENGTH OF TIME APPLICANT HAS BEEN EMPLOYED WITH DESCRIBED BUSINESS _____

IF EMPLOYED BY A COMPANY, FULL NAME AND ADDRESS OF EMPLOYER

Note: Ask applicant to produce credentials establishing such relationship between applicant and name of employer

HOW LONG DO YOU PROPOSE THE BUSINESS DESCRIBED ABOVE TO BE CARRIED ON?

WHERE IS THE LOCATION OF THE SERVICES OF THE BUSINESS DESCRIBED ABOVE TO BE PERFORMED? _____

WHERE ARE THE GOODS OR PROPERTY MANUFACTURED OR PRODUCED WHICH ARE PROPOSED TO BE SOLD OR ORDERS TAKEN FOR THE SALE THEREOF?

HOW ARE PRODUCTS TO BE DELIVERED? _____

KS SALES TAX NO. OR PROOF OF EXEMPTION _____

HAVE YOU BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY CITY ORDINANCE

YES

NO

IF YES, GIVE NATURE OF OFFENSE AND PUNISHMENT _____

WHERE DID SUCH CONVICTION OCCUR? _____

Give the names of at least two (2) owners of property in Dickinson County, Kansas who will certify as to the applicant's good character and business responsibility; or in lieu of the names of references, submit available evidence as to the good character and business responsibility of the applicant in order that the City may be able to evaluate properly your character and responsibility.

NAME & ADDRESS _____

NAME & ADDRESS _____

I, hereby submit as a part of this application a photographs of myself which has been taken within 90 days prior to the date of making this application and which is a 2 x 2 inch showing head and shoulders in a clean and distinguishing manner. **YES**

In lieu of the photograph required above, I will submit to having my fingerprints taken by the Police Department of the City of Abilene, Kansas, and attach said fingerprints to this application to become a part of the application. **YES**

DATE AT ABILENE, KANSAS THIS _____ DAY OF _____, 20_____.

SUBSCRIBED AND SWORE TO BEFORE ME THIS _____ DAY OF _____, 20_____.

APPLICANT'S SIGNATURE

CITY CLERK SIGNATURE