

**CITY OF INDEPENDENCE  
BUSINESS/PEDDLERS LICENSE APPLICATION**

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**LICENSE FEES:** Individual solicitor/peddler \$25  
Peddlers Crew license \$50 (plus \$5 per each solicitor/peddler)  
All other business licenses check with front desk for fee schedule.

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|--|---|
| <input type="checkbox"/> Amusement Device  | <input type="checkbox"/> OLCC Dispenser                               |
| <input type="checkbox"/> Taxi Cab Owner    | <input type="checkbox"/> Solicitor/Peddler (1 application per person) |
| <input type="checkbox"/> Taxi Cab Employee | <input type="checkbox"/> Other _____                                  |
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Upon submitting this application to the City Clerk, a police background investigation may be conducted. This form must be completed in legible handwriting or typed.

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**Personal History**

Name (Last, First Middle): \_\_\_\_\_

**Present Address**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Drivers License Number and State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever had a suspended or revoked driver's license? Yes , No

If yes, state reason, date, and court: \_\_\_\_\_

**Other Names**

If married,(maiden): \_\_\_\_\_

Nicknames/Surnames: \_\_\_\_\_

During what period and under what circumstances were these names used? \_\_\_\_\_

\_\_\_\_\_

Have you ever legally changed your name, give date, place, and court. \_\_\_\_\_

\_\_\_\_\_

**Previous Addresses (past 5 Years-Use Reverse Side if Necessary):**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Physical Description**

Sex: Male , Female

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

**Hair Color:**

Light Blonde ,

Dark Blonde ,

Light Brown ,

(if other, describe) \_\_\_\_\_

Dark Brown ,

Auburn/Red ,

Black ,

Grey ,

Salt & Pepper ,

Other

Scars/Marks:(describe any scars or marks below) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Business Information:**

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name, Date of Birth, Address, Phone of all Partners or Corporate Officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use reverse side if needed

Products Being Sold: (list all products and type of products being sold)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use reverse side if needed

**Vehicles Used (if applicable)**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

