City Clerk's Office 509 5th Street

PO Box 37 Osawatomie, Kansas 66064 (913) 755 - 2146 cityclerk@osawatomieks.org



City Hall 439 Main Street PO Box 37 Osawatomie, Kansas 66064 (913) 755 - 2146 info@osawatomieks.org

## **APPLICATION FOR SOLICITORS PERMIT**

Date:	Name of 0	Organization:				
Phone #:		Kansas Sales Tax Number:				
Organization Add	dress:					
	(Street)	(Ci	ty)	(State)	(Zip)	
Businesses Only:	· <u></u>	Re	esidential Door-to-Do	or:		
Description of M	erchandise to be Sold:					
Will merchandise	e and/or services be delive	ered at time of purchase	e or shipped/perform	ed at a later date?		
		INDIVIDUAL	SOLICITING			
Name:	Phone #:					
Permanent Addre	ess:					
	(Street)	(Ci		(State)	(Zip)	
If <i>yes</i> , explain off	ense(s), punishment, and	City/State where convi				
Make:	Model:	Color:	Issuing State:	PI	ate #:	
fee for a City soli without hesitation	e the City of Osawatomie citors permit. I agree that on. If for any reason I rece ied solicitation privileges w	if a potential customer	is not interested in m	y products or service	s, I will leave the premises	
Signature of App	licant			Date		
		Office	Use Only			
Approved by:		Permit Date(s):				
Sent PD Copy (Y/	N):	Picture of Applicant(s) w/ Emblem (Y/N):				