



HARRISONVILLE POLICE DEPARTMENT

Peddler Permit Application

Applicant Name: _____

Home Address: _____

City, State, Zip: _____

Telephone Number: _____ Sex: Male/Female

Driver's License number: _____ Date of Birth: _____

Employer: _____

Employer address: _____

Product or Service to be sold: _____

Have you ever been convicted of any felony? Yes No

Have you ever been convicted of any felony or non-felony charge related to peddling or soliciting?
 Yes No

Have you ever had a peddler's or solicitor's permit or identification card suspended or revoked, either by the City of Harrisonville or another jurisdiction? Yes No

By signing below, I certify that all answers given above are true and complete. I authorize investigation of all information contained in this application as may be necessary in connection with the issuance of a City of Harrisonville Peddler's Identification card.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

For internal use only:

Approved
 Denied Reason: _____

Signed: _____ Date: _____
Chief of Police (or designee)