

SOLICITING APPLICATION



NAME: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVERS LICENSE*: _____ DATE OF BIRTH: _____

NATURE OF BUSINESS: _____

NAME OF EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLACE WHERE SERVICES ARE TO BE PERFORMED AND HOW LONG: _____

HAVE YOU BEEN CONVICTED OF ANY CRIME, MISDEMEANOR (OTHER THAN MINOR TRAFFIC VIOLATIONS) OR IN VIOLATION OF ANY MUNICIPAL LAW REGULATING PEDDLERS, SOLICITORS OR CANVASSES. IF SO, PLEASE GIVE THE NATURE OF THE OFFENSES, THE PUNISHMENT ASSESSED AND THE CITY AND STATE WHERE CONVICTED. _____

KANSAS SALES TAX NUMBER: _____