



City of Webb City * PO Box 30 * 200 Main Street * Webb City, Missouri 64870

Office of Administration 417-673-4651

Application for Peddlers License

Applicant Information

_____/_____/_____
Last Name First Name Middle Name Date of Birth

Street Address Phone Number

City State Zip Driver's License or State ID Number

Height Weight Male or Female Circle One Hair Color Eye Color State License or ID was issued

Business Name: _____

Business Address: _____
(Street Address) (Suite Number) Phone Number

City State Zip

Contact Person: _____ Contact Phone Number: _____

Missouri Sales Tax Number _____ No Sales Tax Due Letter Yes No

Description of Goods or Services to be Sold Door to Door _____

List the exact dates and times of day desired to do business (Maximum of 14 consecutive days, 8am to 9pm) \$5.00 per day

Dates: _____ Number of Days: _____ Fee: _____

Recent Business History

Please list the three most recent locations where the applicant has conducted business as a peddler:

- 1. _____
- 2. _____
- 3. _____

Vehicle(s) to be used in the city of Webb City

_____	_____	_____	_____	_____
Year	Make	Model	Color	License Plate Number

_____	_____	_____	_____	_____
Year	Make	Model	Color	License Plate Number

Criminal History / Background Check will be conducted by the Webb City Police Department

Has the applicant ever been convicted of any crime, misdemeanor, or violation of any municipal ordinances, other than traffic violations?

Yes No

If yes, please list the offense, the location and date of the offence for which the convictions were upheld.

Signature of Applicant*

Date

*By signing this application, the applicant hereby certifies that the information provided in this application is complete and correct to the best of their knowledge, and hereby agrees to the release of this information to the law enforcement for a criminal background check.

**Failure to provide truthful and complete information as required in this application and/or failure to pay the required fee will result in denying of a license.

OFFICIAL OFFICE USE ONLY

_____ **Application**

_____ **Payment**

_____ **Background Check**

_____ **License Issued #** _____