



CITY OF GRAIN VALLEY
APPLICATION FOR PEDDLERS/SOLICITORS
IDENTIFICATION CARD AND LICENSE

DATE: _____

APPLICATION IS HEREBY MADE TO THE CITY OF GRAIN VALLEY, MISSOURI

Applicant Name _____

Race _____ Date of Birth _____ Height _____ Weight _____

Hair Color _____ Eye color _____ SSN# _____

Drivers License # _____ State Issued _____

Permanent address _____

Local address (if any) _____

Phone _____

Organization Name _____ Phone _____

City of Grain Valley Business License #: _____

Address _____

Description of activity: _____

Have you ever been convicted of a crime? Yes _____ No _____ if yes, explain (attach an additional sheet of paper if necessary): _____

Vehicle Make _____ Model _____ Year _____ Color _____

Registration / license plate # _____

Signature _____

Date _____

TO BE COMPLETED BY STAFF

_____ Date Application Received: _____

_____ business license on file

_____ solicitor's card (120-day period) permit # _____ expiration _____

_____ police department record check completed initial / date _____

Police department recommends approval _____yes _____ no initial / date _____

If no, explain: _____