

**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'S NAME _____

FIRST

MIDDLE

LAST

RACE _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____ SSN# _____

DRIVERS LICENSE _____ STATE ISSUED _____

PERMANENT ADDRESS _____

CITY/STATE _____

PHONE _____

LOCAL ADDRESS (if any) _____

ORGANIZATION _____

ADDRESS _____

CITY/STATE _____

PHONE _____

DESCRIPTION OF ACTIVITY: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____ EXPLAIN _____

MOTOR VEHICLE MAKE _____ MODEL _____ YEAR _____

REGISTRATION _____

SIGNATURE OF APPLICANT

PD STAFF SIGNATURE

TO BE COMPLETED BY STAFF

____ APPLICATION FEE: \$25.00 FOR ONE MONTH PERIOD

____ DATE APPLICATION RECEIVED: _____

____ SOLICITOR'S CARD

____ ADDITIONAL CARD (\$5.00 per card)

PAYMENT AMOUNT \$ _____ RECEIVED BY: _____

____ POLICE DEPARTMENT RECORD CHECK COMPLETED ON _____

POLICE DEPARTMENT RECOMMENDS APPROVAL _____ YES _____ NO

IF NO. PLEASE EXPLAIN _____