



CITY OF WELDON SPRING

5401 Independence Road Weldon Spring, MO 63304
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Reference: Ordinance # 94 – 38 on back side of this page

APPLICATION FOR SOLICITOR'S LICENSE

Please Check One :

___ One Day Permit ___ 1 Week Permit ___ 30 Day Permit

NAME OF BUSINESS: _____

Name of: Owner _____ Manager _____

Location: _____

Phone #'s: () _____ Fax: _____ Emergency: () _____

E-Mail Address: _____ @ _____

FEDERAL TAX I. D. # (if any): _____ - _____

MISSOURI SALES TAX IDENTIFICATION #: _____

TAX EXEMPT #: _____

NATURE OF BUSINESS: MERCHANT/RETAIL: ___ SERVICE: ___ DISTRIBUTOR: ___
OTHER: _____

BRIEF DESCRIPTION OF BUSINESS: _____

I, _____ hereby make application for a solicitor's license for a period beginning (date) _____, 20____ and ending _____, 20____.

X _____
Signature of Applicant _____ Print Name _____ Date Submitted _____
Driver's License Number: _____ State: _____

* NOTE: Copy of valid Driver's Licenses for each solicitor is required BEFORE permit can be issued

[] ENCLOSED PLEASE FIND MY SOLICITOR'S LICENSE FEE OF \$10.00

NOTE: DID YOU INCLUDE A COPY OF YOUR SALES TAX LICENCE?
BUSINESS CARD AND/OR COMPANY BROCHURE INCLUDING MATERIALS TO BE DISTRIBUTED?

- For Official Use Only -
USE: 1 Day - 7 Day - 30 Days

APPROVED [] DENIED []

SIGNATURE: _____ DATE: _____

REASON FOR DENIAL: _____
