CITY OF ST. JAMES
P.O. BOX 426 – ST. JAMES, MO. 65559
573-265-7011

SOLICITOR'S/TRANSIENT MERCHANT/PEDDLER'S LICENSE APPLICATION

Sections 6 – 3 (P) and 6-15 of the St. James Code of Ordinances.

_____ SOLICITOR'S LICENSE _____TRANSIENT MERCHANT _____ PEDDLER'S LICENSE

Please print

(RESPONSIBLE PERSON INFORMATION) **PICTURE IDENTIFICATION REQUIRED**

AGENT'S NAME _____ DATE: _____

DATE OF BIRTH: _____ DRIVER'S LIC. # _____ SS #_____

HOME ADDRESS: _____ HOME PHONE: _____

_____

BUSINESS NAME: _____

ADDRESS OF HOME OFFICE: _____ PHONE #:_____

_____

LOCAL ADDRESS (If applicable) _____ PHONE #: _____

_____

MERCHANDISE OR PRINCIPAL SERVICE: _____

DATES TO BE IN THE CITY OF ST. JAMES: _____

DO YOU HAVE A MISSOURI RETAIL SALES TAX LIC. ? YES____ # _____ NO _____

IF NOT, ARE YOU EXEMPT FROM COLLECTING SALES TAX? NO _____ YES _____ BY WHAT AUTHORITY? _____

HAVE YOU SOLD OR SOLICITED IN MISSOURI PREVIOUSLY? NO _____ YES _____
WHEN? _____ WHERE? _____

ARE YOU SELLING OUT OF A VEHICLE? NO _____ YES _____ LICENSE # _____

MAKE _____ MODEL _____ # OF VEH._____

I do hereby swear that all of the above statements are true and correct. I authorize any representative of the City of St. James to receive verification of these statements and realize that failure to supply statements or falsification of statements may result in this application being denied.

DATE: _____ SIGNATURE: _____

List below the names of additional persons who will be under your supervision:

NAME SOCIAL SECURITY #

1. _____

2. _____

3. _____

4. _____

Each person must carry a copy of the permit.