



- Solicitor  Peddler  Food Truck/Trailer  
 Itinerant Merchant  Transient Street Vendor  
(Choose all that apply)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

DOB: \_\_\_\_\_ DL: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you ever been arrested for anything other than traffic?  Yes  No If yes, please explain

Vehicle to be used - Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_ State Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of merchandise/product being sold: \_\_\_\_\_

Location of Sale: \_\_\_\_\_

Length of License  Weekly  Monthly  Yearly

List 2 References:

I hereby certify that all statements made in this application are true to the best of my knowledge, and I understand that any misstatement of material facts herein may cause forfeiture on my part of all rights to solicit/sell within the City of Shawnee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization For Background Check and Release

I, \_\_\_\_\_ hereby authorize the City of Shawnee, Oklahoma, its agents, servants and employees, to conduct a complete background check of myself in connection with my application for a \_\_\_\_\_ license.

I understand that in making this check and investigation, certain records which might otherwise be confidential will be checked, and I authorize such check of confidential records.

I hereby release the City of Shawnee, Oklahoma, its agents, servants and employees, and all other persons, firms, or corporations and government entities and subdivisions from any liability as a result of disclosing the information which I have herein authorized the City of Shawnee, Oklahoma, its agents, servants and employees to secure.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at Shawnee, Oklahoma

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

State of Oklahoma

County of Pottawatomie

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

My Commission Expires \_\_\_\_\_

- Copy of Driver's License
- Copy of Department of Health Inspection
- Copy of Property Owner Agreement
- Copy of \_\_\_\_\_

Entity Number: \_\_\_\_\_

Total Received: \_\_\_\_\_

Cash  Check  Credit Card

Receipt Number: \_\_\_\_\_

Approved

Denied