



- 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