

**City of Strafford**  
**P. O. Box 66**  
**Strafford MO 65757**  
**Phone: (417) 736-2154 Fax: (417) 736-2390**

## **Peddler License Application**

**Name of Business:** \_\_\_\_\_

**Owner(s) Name(s):** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Federal Employer Identification Number:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**Missouri Sales Tax Number:** \_\_\_\_\_

**Proposed Activity:** \_\_\_\_\_

**List all complaints and/or causes of action filed against the company:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List make, model, year, color and State license plate number of any vehicle used by each person that will be soliciting.** \_\_\_\_\_

\_\_\_\_\_

*Please provide separately a list of each person that will be soliciting door to door, their permanent address, social security number, date and place of birth, list of all infractions, offenses, misdemeanor or felony convictions for 7 years prior to this application, and a state issued photo identification card or driver's license.*

*Please submit application with a fee of \$20.00 per day. Payment will not be processed until investigation of application is complete.*