

Application for Solicitors Business License



Date of Application: _____

Owner's Name: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Business Name: _____ DBA: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Manager's Name: _____ Contact Phone: _____

State Sales Tax I.D. # _____ State License # _____

*A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS TO BE SOLD:

*A BRIEF DESCRIPTION OF WHERE THE APPLICANT OBTAINS THE GOODS TO BE SOLD:

*LENGTH OF TIME IN WHICH APPLICANT DESIRES TO ENGAGE IN BUSINESS WITHIN FARR WEST CITY:

*PLEASE LIST ALL OTHER MUNICIPALITIES IN WHICH YOU HAVE DONE BUSINESS WITHIN THE SIX-MONTH PERIOD PRECEDING THE DATE OF THIS APPLICATION:

*Application must also include a current (within 6 months) Bureau of Criminal Identification (BCI) background check for all solicitors, two photographs not larger than two by three inches of each applicant taken within the last twelve months and a corporate surety bond of \$5,000.00 in order to be processed.

Application for Solicitors Business License



BUSINESS LICENSE FEE SCHEDULE

SOLICITOR

LICENSE BOND	LICENSE FEE(s)
\$5,000.00 min (supplied by applicant)	\$100.00/business \$10.00/person

*All Solicitors must be aware of and comply with [Chapter 5.20](#) of the Farr West City Municipal Code

Number of Solicitors: _____

Total License fee due: _____

I, the Applicant, am aware of and conform to all State and Federal Regulations, as well as the Codes and Ordinances of Farr West City for Business License Regulations ([Title 5](#)).

I also understand I need to attend a city council meeting to answer any questions prior to license approval.

Applicant's Signature: _____ Date: _____

=====

Amount Paid: _____ Date Paid: _____ Receipt Number: _____

City Council Date: _____ Approved: _____ Disapproved: _____

License Number _____ Date Issued: _____