



**PEDDLER'S APPLICATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLEASE PROVIDE A COPY OF DRIVERS LICENSE, STATE ID, PASSPORT OR OTHER GOVERNMENT ISSUED ID CARD WITHIN THE U.S.

DATE OF EVENT \_\_\_\_\_ LOCATION OF EVENT \_\_\_\_\_

THE PERMANENT AND LOCAL ADDRESS OF EACH APPLICANT, DATE AND PLACE OF BIRTH OF EACH PERSON FOR WHOM A PERMIT IS REQUESTED AND THE SOCIAL SECURITY NUMBER OF EACH PERSON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL INFRACTION, OFFENSE, MISDEMEANOR AND FELONY CONVICTIONS OF EACH PERSON FOR WHOM A PERMIT IS REQUESTED FOR THE SEVEN (7) YEARS IMMEDIATELY PRIOR TO THE APPLICATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BELOW PLEASE LIST THE MOTOR VECHILE MAKE, MODEL, YEAR, COLOR AND STATE LICENSE PLATE NUMBER OF ANY VECHILE WHICH WILL BE USED BY EACH PERSON FOR WHOM THE PERMIT IS REQUESTED;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CITY OF ST. ROBERT

M I S S O U R I

SUBMIT A COPY OF YOUR MISSOURI SALES TAX NUMBER.

ARE YOU TAX EXEMPT FROM COLLECTING SALES TAX? \_\_\_\_\_ IF YES, BY WHAT  
AUTHORITY \_\_\_\_\_

I DO HEREBY SWEAR THAT ALL OF THE ABOVE INFORMATION/STATEMENTS ARE TRUE AND  
CORRECT. I AUTHORIZE ANY REPRESENTATIVE OF THE CITY OF ST. ROBERT 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 \_\_\_\_\_

APPROVED ON THIS \_\_\_\_\_, 2006.

\_\_\_\_\_  
REPRESENTATIVE OF ST. ROBERT POLICE DEPARTMENT

DATE \_\_\_\_\_

\_\_\_\_\_  
MAYOR OR CITY ADMINISTRATION

DATE \_\_\_\_\_

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Mayor: George Sanders  
City Administrator: Norman Herren  
Asst. City Administrator: Chris Heard  
City Clerk: Debra A. Adkins

194 Eastlawn Ave., Ste. A  
St. Robert MO 65584  
Phone: (573) 451-2000  
Fax: (573) 336-5714