

**CITY OF FENTON  
SOLICITOR'S APPLICATION**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Name of Organization/Person/Group/Business:  
\_\_\_\_\_
  
- Address, phone number and email address of Organization/Person/Group/  
Business (for whom donations or proceeds are accepted): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Web Address for Organization/Person/Group/Business (where residents  
having subsequent questions can go for more information):  
\_\_\_\_\_
  
- Brief description of the proposed Soliciting related to this Permit. (Copies of  
literature to be distributed may be substituted for this description.)  
\_\_\_\_\_
  
- Criminal background check form for each Solicitor, including copy of valid  
driver's license or official photo identification.
  
- Proposed date(s) of the proposed Soliciting in the City: \_\_\_\_\_
  
- Hours of operation: \_\_\_\_\_
  
- Location and schedule of proposed Soliciting: \_\_\_\_\_
  
- Number of proposed individuals who will be Soliciting per day: \_\_\_\_\_
  
- Number of Identification Cards Required: \_\_\_\_\_
  
- Location of books and records of sales: \_\_\_\_\_  
\_\_\_\_\_

- Copy of sales tax license as issued by the State of Missouri. Note number and attach copy: \_\_\_\_\_
- Copy of the Registration issued by the State of Missouri for charitable solicitations. Note number and attach copy: \_\_\_\_\_

*As per Ordinance 3814, which states:*

- 1.) No individual may be granted more than one (1) Permit within a four (4) month period with each Permit being valid for a period of no longer than two (2) days.*
- 2.) No individual Soliciting on behalf of a Person may receive a Permit for purposes of Soliciting if other individuals have been issued Permits within the previous four (4) months for Soliciting on behalf of the same Person.*

*Fee:*

*\$5.00 PER DAY FOR EACH CARD REQUESTED payable at time of submission of application.*

Coordinator or Manager name, address and cell phone: \_\_\_\_\_

\_\_\_\_\_

I have read the requirements of Ordinance 3814, and will comply with all applicable requirements.

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

\_\_\_\_\_  
Printed Name Title

**TO BE COMPLETED BY EACH INDIVIDUAL REQUESTING AN  
IDENTIFICATION CARD FOR SOLICITATION OR PEDDLING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Motor vehicle make, model, year, color, and state license plate number:

\_\_\_\_\_

List of all infraction, offense, misdemeanor and felony convictions for the twelve years immediately prior to the application: \_\_\_\_\_

\_\_\_\_\_

**Driver's License/State Identification Card/Passport. (Physical description and photograph required.)**

Dates of Solicitation: \_\_\_\_\_

I authorize the St. Louis County Police Department to make an inquiry or background investigation and gather any criminal or non-criminal documents of present and past activities regarding my character, integrity, reputation and performance.

I understand that all materials pertaining to this investigation become the property of the St. Louis County Police and will not be made available or returned to me. I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

I agree to indemnify and hold harmless the persons to whom this request is presented, along with their company or organization, the St. Louis County Police and the City of Fenton therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

\_\_\_\_\_  
Signature

Date approved: \_\_\_\_\_

By: \_\_\_\_\_