



# SOLICITOR/PEDDLER LICENSE APPLICATION

Community Services

405-670-7314

3701 SE 15th Street

Del City OK 73115

[www.cityofdelcity.com](http://www.cityofdelcity.com)

Fax: 405-670-7368

## APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Contact: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant E-mail Address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Permanent Address if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been convicted of a felony:  Yes  No

If yes, please give the nature of the offense and the punishment or penalty assessed therefore:

\_\_\_\_\_

\_\_\_\_\_

## SOLICITATION INFORMATION:

Nature of Solicitation:  Commercial  Social  Political  Religious  Charitable

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: Office: \_\_\_\_\_ Fax No: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Description of goods to sold or distributed: \_\_\_\_\_

Description of Credential showing the exact relationship of applicant and employer: \_\_\_\_\_

For farmer/truck gardeners: are said goods produced on land owned, cultivated and controlled by applicant?

\_\_\_\_\_

\_\_\_\_\_

**LOCATION AND VEHICLE INFORMATION:**

Where in Del City will business be conducted? \_\_\_\_\_

Are sales to be conducted door to door:  YES  No Duration of Sales: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**Vehicle Information:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

State \_\_\_\_\_ License Tag No. \_\_\_\_\_

*I hereby submit my application for a peddler/solicitor's license.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



**FOR STAFF USE ONLY:**

DATE SUBMITTED: \_\_\_\_\_

ENTERED INCODE BY: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

DUE: \$ \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

**POLICE DEPARTMENT:**

*Note any Records concerning applicant:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date