



SOLICITOR/PEDDLER LICENSE APPLICATION

Community Services

405-670-7314

3701 SE 15th Street

Del City OK 73115

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. _____

Please complete and return along with:

- A) \$1,000 Surety Bond per person going door to door (EX. 3 people=\$3,000 bond etc;)
- B) \$100.00 Solicitors/Peddlers License Fee for Business
- C) \$10.00 Fee for each person going door to door
- D) Copy of the Driver's License of each person
- E) Copy of OSBI report of each person

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