



APPLICATION FOR PEDDLERS-SOLICITORS LICENSE

This application must be fully completed and signed, or it will not be accepted. Business may not be conducted within the city limits until a license is issued

704 W. Commerce Street
Horseshoe Bend, AR 72512
(870) 670-5113

Print/or type

App Date	Name		SSN		DOB			
	Permanent Address		City, State, Zip					
License No	Phone	Marks, Scars, Tattoos	Sex	Race	HT	WT	Eye Color	Hair Color
	DL # Expiration Date		Have you ever been arrested for any reason? (Including traffic offense): If answer is "yes" give date and city of arrest, charge, and disposition of case: <input type="checkbox"/> Yes <input type="checkbox"/> No					
License Fee	Date & city of arrest, charge and disposition (Continue on back)							
	Article, Item, etc., to be sold			Method of Deliver Door to Door		Temp. Location		
PD (INIT/DATE)	Date(s) Requested for Permit/Licenses		Manufacturer or Producer		Telephone Number of Manufacturer			
	Vehicle Description Make	Model	YR	Color	Tag #	State	Yr	
Attached Copy of DL or Picture ID to Application	Emergency Contact Person			Contact Person Phone Number				

- ◆ Exhibition of License:--Solicitors and canvassers are required to exhibit their license at the request of any Citizen, Police Officer, etc. **LICENSE MUST BE CARRIED ON APPLICANTS PERSON AT AL TIMES WHILE ENGAGED IN SOLICITING OR CANVASSING.**
- ◆ If you plan to go door to door or business-to-business, you will be required to attach a copy of your DL or picture ID to your application.
- ◆ If you plan to park in a set location you must provide a written approval from LANDOWNER that it is acceptable for you to locate on this property. You must notify the city each time your location changes and submit a written permission letter from the property owner.
- ◆ If food items are part of your wares you must first have signed authorization from the Arkansas Department of Health.
- ◆ If you have met the above requirements, your application will be processed, payment is expected at the time the application is made.

- ☐ I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations or falsification, my application will be rejected and I will be disqualified from applying in the future.
- ☐ I hereby authorize the City of Horseshoe Bend Police Department, and Code Enforcement Officer, to obtain from any person(s), firm corporation, state or local government, institution, ect., information, records, etc., who will certify as to my good character, business respectability, etc.
- ☐ I do hereby release the above person(s), institutions, etc., connected herewith from any liability for damage whatsoever incurred in furnishing such information or records.

Dated this _____ day of _____ 20_____

Signature of Applicant _____