

CITY OF COLUMBIA, MISSOURI  
SOLICITORS PERMIT APPLICATION  
LICENSE FEE \$20.00  
INVESTIGATION FEE \$ \_\_\_\_\_

Date \_\_\_\_\_

FULL NAME OF APPLICANT \_\_\_\_\_

1. Name of Business \_\_\_\_\_

2. Applicant is Owner \_\_\_\_\_ Manager \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

3. Applicant's Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at above address? \_\_\_\_\_ If less than one year, list previous address.

4. Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_

5. Date of birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

6. Name and address of nearest relative \_\_\_\_\_

7. Have you ever been convicted of any violations of laws or ordinances of this or any other state or municipality (other than minor traffic violations)? \_\_\_\_\_

If yes, specify what, date, place, result \_\_\_\_\_

8. Length of time you will be operating in Columbia \_\_\_\_\_

Applicant Signature \_\_\_\_\_

STOP

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FOR OFFICE USE ONLY:

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

DATE: Permit Issued \_\_\_\_\_ Permit Denied \_\_\_\_\_

Approved: \_\_\_\_\_

Business Services Administrator

APPLICATION MUST BE PRESENTED IN PERSON AT THE BUSINESS LICENSE OFFICE, 725 EAST BROADWAY, COLUMBIA, MISSOURI.