

**CITY OF PARK HILLS, MISSOURI  
APPLICATION FOR PEDDLERS LICENSE**

NAME (PLEASE PRINT) \_\_\_\_\_  
Last Name First Name M. Int.

HOME ADDRESS \_\_\_\_\_  
Number / Street City / State Zip

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY / DRIVERS LICENSE # \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF MISSOURI? \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION,  
SERVED A JAIL OR PRISON SENTENCE OR BEEN ON COURT PROBATION? YES NO IF YES, GIVE  
DETAILS: \_\_\_\_\_

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NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

TELEPHONE # (AT BUSINESS LOCATION): \_\_\_\_\_

WHAT TYPE OF BUSINESS: \_\_\_\_\_

ARE YOU THE OWNER OF THIS BUSINESS? \_\_\_\_\_ IF NO, PLEASE GIVE OWNER'S NAME AND  
ADDRESS: \_\_\_\_\_

HAVE YOU EVER HAD A PREVIOUS BUSINESS? \_\_\_\_\_ IF YES, WHAT WAS THE NAME AND  
WHERE WAS THE BUSINESS LOCATED? \_\_\_\_\_

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I authorize the release of any information of Police records or Court records involving me to be released to the City of Park Hills, Missouri. I understand that any mis-statement of material facts shall cause denial of license.

**THE FOLLOWING STATEMENT IS ACKNOWLEDGED BY YOUR SIGNING AND DATING: I  
ATTEST, UNDER PENALTY OF PERJURY, THAT I AM A CITIZEN OR NATIONAL OF THE UNITED  
STATES. I DO NOT AND WILL NOT KNOWINGLY EMPLOY A PERSON WHO IS AN  
UNAUTHORIZED ALIEN IN CONNECTION WITH THE BUSINESS FOR WHICH THIS LICENSE HAS  
BEEN OBTAINED.**

\_\_\_\_\_  
DATE APPLICANT SIGNATURE OWNER SIGNATURE

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FOR OFFICE USE ONLY

License # \_\_\_\_\_ License Year \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Date \_\_\_\_\_

OFFICER: \_\_\_\_\_ RESULTS: \_\_\_\_\_ DATE: \_\_\_\_\_