

CITY OF HAYSVILLE
DOOR—TO—DOOR SALES APPLICATION
The Permit Fee is Non Refundable; Please Allow up to 10 days for processing.

BUSINESS/COMPANY INFORMATION

Business Name:		Office Use Only
Home Office Address:		
Contact Name:	Contact Phone Number:	
Nature of Business (Please Be Specific):		
Indicate Permit Applying For: Check One 30 Days 6 Months 1 Year		Dates Permit is Valid For:

APPLICANT INFORMATION

Applicant Full Name: Last:	First:	Middle:
Applicant Address:		
Permanent Address (If different from above):		
Applicant Date of Birth:	Social Security Number:	
Driver License # and State Issued:	Mobile Phone Number :	
Name two (2) references and their phone numbers for yourself and the business:		Background Approved _____
Have you ever been convicted of a Crime or Misdemeanor? If Yes, Explain:		

EMPLOYEE INFORMATION

Please fill out ALL information for each employee. If more space is needed, please request additional application.

#1	Name:	DL# & ST	Background Approved _____
	Address:	Date of Birth	
Have you ever been convicted of a Crime or Misdemeanor?: If yes, Explain			
#2	Name:	DL# & ST	Background Approved _____
	Address:	Date of Birth	
Have you ever been convicted of a Crime or Misdemeanor?: If yes, Explain			
#3	Name:	DL# & ST	Background Approved _____
	Address:	Date of Birth	
Have you ever been convicted of a Crime or Misdemeanor?: If yes, Explain			
#4	Name:	DL# & ST	Background Approved _____
	Address:	Date of Birth	
Have you ever been convicted of a Crime or Misdemeanor?: If yes, Explain			

VEHICLE INFORMATION

Please fill out ALL information for each vehicle used. If more space is needed, please request additional application.

Name on Vehicle Registration: _____

Make:	Model:	VIN #
Color:	Tag #	State:

Name on Vehicle Registration: _____

Make:	Model:	VIN #
Color:	Tag #	State:

Name on Vehicle Registration: _____

Make:	Model:	VIN #
Color:	Tag #	State:

Please provide proof of insurance for every vehicle listed.

I certify that I am the applicant seeking this Permit, that all foregoing information is true and I am aware that any falsification on this form and any attachments hereto is cause for revocation of the Permit issued as a result thereof. I hereby agree to be the responsible party for any violation of the Code associated with this license. I, hereby agree to comply with all of the ordinances of the City of Haysville and the laws of the State of Kansas, and all the rules and regulations prescribed by the City, and all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any federal, state, or local law. I agree to notify the City immediately if any information provided on this application shall change at any time prior to or during the term of the permit, and do hereby further consent to the immediate revocation of my Door to Door Sales Permit, by the City Code Enforcement Department, Police Department, or City Clerk Department, for any violation of such laws, rules and regulations.

Applicant Signature

Date

I acknowledge a criminal background check will be conducted by the Haysville Police Department for the purpose of verifying the accuracy of information provided in this form, and to determine my eligibility for the requested permit/license.

Applicant Signature & Date

#1 Signature & Date

#3 Signature & Date

#2 Signature & Date

#4 Signature & Date

OFFICE USE/ POLICE DEPARTMENT ONLY

Received by _____

Receipt # _____

DL# Valid/Clear of Warrants: _____

Vehicle Tags Valid: _____

Insurance Valid: _____

Date Issued: _____

Background Check Completed ___ Yes ___ No

Police Chief _____

Date: _____

City Attorney Initials _____

Date: _____

Comments: _____