|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | 304 S. Main St.  Noble, OK 73068  Tel: 405-872-9251  Fax: 405-872-9363  Cityofnoble.org | |
| **Solicitors & Peddlers** | | **Food Truck** | | |
| **New: $50** | **Renewal: $25** | **30 Day: $150** | | **6 Month: 350** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANTS PERSONAL INFORMATION:** | | | | | | | |
| Last Name | | First Name | | | M.I. | Maiden Name (if female) | |
| Permanent Home Address | | | | | | Permanent Tel. Number | |
| Local Address | | | | | | Local Tel. Number | |
| Driver's License # and State | | Social Security # | | | Marital Status   * Single ❑ Married | | |
| Date of Birth | Place of Birth | Height | Weight | Sex  ❑Male❑Female | | Eye Color | Hair Color |
| Have you been convicted or pleaded guilty to any motor vehicle offenses in the last 10 years? ❑ YES ❑ NO | | | | | | | |
| Have you been convicted of any crime, misdemeanor or violation of any municipal ordinance? ❑ YES ❑ NO  If yes, please indicate the nature of the offense and the punishment or penalty assessed:  You may attach a separate page to this application if you would like to make any statement with respect to any such conviction or guilty plea. | | | | | | | |
| Employer Information | | | | | | | |
| Name | | | | | | Email | |
| Address | | | | | | Telephone | |
| PREVIOUS-SCOLICITING ACTIVITY | | | | | | | |
| In which Oklahoma municipalities have you solicited goods or services in the immediately preceding two years? | | | | | | | |
| Merchandise/Service Information | | | | | | | |
| Provide a brief description of the goods to be sold, services to be performed or nature of any proposed canvassing: | | | | | | | |
| Where are these goods manufactured/prepared/produced? | | | | | | | |
| Where are these goods currently located? | | | | | | | |
| In the case of foodstuffs, please indicate the date a food handler's certificate was obtained: | | | | | | | |
| What is your proposed method of delivery? If a vehicle is to be used, please complete the next section. | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vehicle Information: | | | | | |
| Year: | Make: | Model: | Color: | Size: | Lic Plate# State |
| Insurance Company: | | | | Policy# | |

**The following items must be included with this application:**

1. A photocopy of the applicants’ valid drivers’ license.

2. Verification that applicant is bonded as a group II vendor by the State Tax Commission of other proof that sales tax has been or is being paid on the merchandise sold or to be sold, if applicable.

3. If applicable, proof that a county health permit has been obtained.

4. If applicable, proof that a nursery and floral inspection certificate has been obtained from the Oklahoma State Department of Agriculture.

5. Site plan depicting the location of any structure, vehicle, sign, of display to be used while conducting business.

6. Content of any signs to be used.

I hereby certify that the information contained in this application is complete, accurate and truthful to the best of my knowledge and belief. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as provided by law and have this application denied.

I hereby acknowledge that the provisions of Section 9 Chapter 10 of the City of Noble’s code entitled “Solicitors & Peddlers” are understood and that if I violate and the provisions, I am subject to appropriate penalties and/or license revocation.

I consent to the City of Noble’s obtaining copies of my driving record from the appropriate public agencies and Criminal History Information from the Oklahoma State Bureau of Investigation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: | | | Date: | |
| **For Official Use Only** | | | | |
| Chief of Police | \_\_Yes \_\_No Date: | | Date Received |  |
| License Issued | \_\_ Yes \_\_No Date: | | City Clerk | \_\_Yes \_\_No Date: |
| Date License Expires | |  | | |