

<b>Office Use Only:</b>
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**City of Overbrook**  
**401 Maple, PO Box 288, Overbrook, KS 66524**  
**Phone: 785-665-7328**  
**Fax: 785-748-4815**  
**Email: [cityclerk@overbrookks.com](mailto:cityclerk@overbrookks.com)**

Date of Application: \_\_\_\_\_

Yearly Registration Fee: \$300.00

## Peddler/Solicitor/Canvasser Registration Form

NOTE: Registration form must be submitted at least 90 days prior to start of business in the city. Be sure to answer all questions on this form and attach additional sheets if necessary. You must sign and have your signature notarized by a City of Overbrook employee and provide a government issued Photo ID at time of application. Failure to complete this registration form may result in a denial and providing false information may also result in a denial or revocation. This registration may not be used by the applicant as endorsement of product or service provided.

Name \_\_\_\_\_

Perm. Mailing Address \_\_\_\_\_

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

Temp. Mailing Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Vehicle to be used for business:

Make: \_\_\_\_\_

Model \_\_\_\_\_

Tag# \_\_\_\_\_

Year \_\_\_\_\_

Emergency Contact Information:

Contact Name \_\_\_\_\_

Telephone # \_\_\_\_\_

## Business/Company Information

Provide the information regarding business/company you are representing and an officer of the company who can verify your authorization to represent the entity.

Name of Business/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Kansas Sales Tax # \_\_\_\_\_ FEIN # \_\_\_\_\_

Name of Officer of Business \_\_\_\_\_ Title \_\_\_\_\_

Business Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Price(s) of Items being offered \_\_\_\_\_

Has company/individual been licensed/certified in any other cities to conduct similar business?  YES  NO

If yes, please list names of three cities:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Has the applicant or company ever had a license/permit/registration ever revoked by a city? \_\_\_ YES \_\_\_ NO  
If yes, please provide reason and location: \_\_\_\_\_

Method of delivering goods within the city \_\_\_\_\_

Nature of Solicitation or Type of Item/Product being offered \_\_\_\_\_

What dates will solicitor be operating in the City of Overbrook?

From \_\_\_\_\_ To \_\_\_\_\_

Please list names and complete addresses of any other employees/drivers who will be working under this registration. Include Driver's License Numbers of these individuals.

_____	DL# _____
_____	DL# _____
_____	DL# _____
_____	DL# _____
_____	DL# _____

### Background Screening Consent

Applicant must complete all relevant information and have their signature notarized.

I, \_\_\_\_\_, hereby authorize the City of Overbrook and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or to obtain other information which may be material to my qualifications as an acceptable peddler/solicitor/canvasser within the City of Overbrook, Kansas.

Applicant's Full Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Other Names Used/Maiden Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F

Driver's License # \_\_\_\_\_ State of Issuance for DL \_\_\_\_\_  
(Attach copy of driver's license or Photo ID)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this current address? \_\_\_\_\_

Former Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list all states and counties of resident since turning 18 years of age:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, pled guilty or pled nolo contendere to any crime or any ordinance violation involving moral turpitude within the preceding five (5) years? \_\_\_YES \_\_\_NO If yes, please explain:

_____	_____	_____
(Court - City, County & State)	(Filing Date)	(Final Disposition)
_____	_____	_____
(Court - City, County & State)	(Filing Date)	(Final Disposition)

(Attach additional pages if necessary.)

### CERTIFICATION

I certify that the information and answers given in this application and documents I have filed are true, complete and correct to the best of my knowledge.

_____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

Before me, \_\_\_\_\_, a notary public in the state of \_\_\_\_\_, personally  
*Notary Public (printed)* *State*

appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

Witness, my hand and notary seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

By \_\_\_\_\_  
*Notary Public (Signature)* (SEAL)

#### OFFICE USE ONLY

Approved – Date \_\_\_\_\_  Not Approved – Date \_\_\_\_\_

Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_