



611 Mulberry Road, Suite 300
 Derby, KS 67037
 Phone 316-788-3081 / Fax 316-788-6067
www.derbyks.com

Application for Canvasser, Solicitor, Peddler

Fee Per Applicant

\$50.00/Day	\$200.00/Month
\$600.00/6 Months	\$750.00/Year

Application Date: _____

The undersigned herewith makes application to the City of Derby, Kansas for a canvasser, solicitor or peddler's license and herewith submits the following information:

Full Name: Last	First	Middle
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Other Names Used (Maiden, Previous Marriage, etc.) _____

Home Address	City	State	Zip
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Local Address (if different than Home Address)	City	State	Zip
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(_____) _____ Home Phone #	(_____) _____ Cell Phone #	_____ E-mail Address (For City Use – Public Notifications)
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Date of Birth	Social Security #	Drivers License #	State Issued
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Race	Sex	Height	Weight	Hair Color	Eye Color
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Nature of Business _____

Name of Employer	Length of Time in Business
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Address of Employer	Phone #
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Vehicle to be Used: Year, Make, Model, Color, Tag #, Other Markings _____

Identify 2 reliable persons who will certify to your character and business responsibility (current coworkers excluded):

Name	Address	City	State	Zip	Phone #
Name	Address	City	State	Zip	Phone #

Have you ever been convicted of a crime, felony, misdemeanor or violation of any City, State or County Ordinance/Statute? YES / NO (Please circle one)

If answer is "Yes" please give nature of same: _____

I acknowledge that if the license is denied, the City will retain a minimum fee per applicant to cover the cost of the background investigation. Day minimum fee: \$50.00; 1 Month, 6 Month, and 1 Year minimum fee: \$200.00.

Applicant Signature _____	Chief of Police Approval _____
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A current driver's license or alternate approved photo identification is required to process application. Background checks may take up to 30 days. Out-of-state license holders must sign page 2, Authorization for Release of Personal Information.

DERBY POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, of any part thereof, concerning myself, by a duly authorized agent of the Derby Police Department, whether said records are of public, private or confidential nature, and regardless of whether the information released may be derogatory in nature.

I also agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of birth: _____ Social Security No. _____

SIGNATURE OF APPLICANT _____

STATE OF KANSAS)
)ss.
COUNTY OF SEDGWICK)

Subscribed and sworn to before me this _____ day of _____, _____
Date Month Year

Notary Public

My commission expires