**APPLICATION FOR SOLICITOR'S LICENCE**

**CITY OF SIDNEY, MONTANA**

Application: Approved Disapproved By:

Date: Title:

***OFFICIAL USE ONLY***

Please print or type all items entirely. Unsigned, incomplete and/or inaccurate applications **WILL NOT** be considered.

1. Type of Application: Individual [ ]  Partnership [ ]  Corporation [ ]  Other: [ ]

2. Name Business Operates Under: Type Business Name Here

3. Home Address of Business:

 Street:Type Street Adress Here

 City:City Name State: State Zip: Zipcode

4. Home Telephone Number of Business: Home Phone # Fax: Fax #

5. Any Other Name Business Operates Under: Type Other Business Name

6. Any Parent Company or Affiliated Business: Type Name Here

7. While in Sidney will business be conducted Door to Door? [ ]  Stationary? [ ]

 If stationary, you must provide location: Type Stationary Location Here

8. Dates and times conducting business in Sidney: Type Dates and Times Here

9. Description of goods / services to be sold in Sidney: Type Description Here

10. Name of manufacturer or supplier of goods to be sold in Sidney: Type Manufacturer or Supplier Here

11. Any terms of cancellation of agreement by purchaser:Type terms of cancellation here

*I hereby swear that the information contained herein or attached is true and correct to the best of my knowledge. Falsification of any information or failure to complete this application may result in the denial of the license or subsequent cancellation of the license. Under Montana Law, Section 45-7-203, Montana Code Annotated, 1999, it is a criminal offense punishable by a fine of $500 or 6 months in the county jail, or both, for making a false statement with the purpose to mislead a public servant in the performance of their official function.*

Dated this Day day ofMonth 20Year

*Applicant's Signature*

*Title*

**SUPERVISING AGENT AND ADDITIONAL AGENTS MUST BE LISTED ON THE BACK OF THIS FORM**

CITY TREASURER RECEIPT NO: INVESTIGATION REQUIRED? YES NO PAID:

SURETY BOND POSTED IN COMPLIANCE WITH CITY OF SIDNEY CODE 5-6-8 YES NO

BONDING COMPANY: BOND NO:

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**APPLICATION FOR SOLICITOR'S LICENCE - PAGE 2**

**CITY OF SIDNEY, MONTANA**

***The following information must be provided for each supervisor, agent, salesperson, or any representative of the applicant's company working within the City of Sidney.***

Name of supervising agent while in Sidney: Type Name Here

Address: Type Address Here City: Type City Here State: XX Zip: Zipcode

Telephone Number: Type # Here SSN: XXX-XX-XXXX Date of Birth: XX-XX-XXXX

Vehicle used while engaged in business in Sidney: Make: Type Make Here Model Model

Year: Type Year Here Color: Type Color Here License #: License # State: State

Has the supervising agent ever been convicted of any violation of laws of the United States, any state, county, or municipality, except for traffic offenses? Yes [ ]  No [ ]

If yes, state type of offense, date and location, and final disposition: Type Details Here

Name of additional agent working in Sidney: Type Name Here

Address: Type Address Here City: Type City Here State: XX Zip: Zipcode

Telephone Number: Type # Here SSN: XXX-XX-XXXX Date of Birth: XX-XX-XXXX

Vehicle used while engaged in business in Sidney: Make: Make Model: Model

Year: Type Year Here. Color: Type Color Here License #:License # State:State

Has the supervising agent ever been convicted of any violation of laws of the United States, any state, county, or municipality, except for traffic offenses? Yes [ ]  No [ ]

If yes, state type of offense, date and location, and final disposition: Type Details Here.

Name of additional agent working in Sidney: Type Name Here

Address: Type Address Here City: Type City Here State: XX Zip: Zipcode

Telephone Number: Type # Here SSN: XXX-XX-XXXX Date of Birth: XX-XX-XXXX

Vehicle used while engaged in business in Sidney: Make: Type Make Here Model: Model

Year: Type Year Here. Color Type Color Here License #:License # State:State

Has the supervising agent ever been convicted of any violation of laws of the United States, any state, county, or municipality, except for traffic offenses? Yes [ ]  No [ ]

If yes, state type of offense, date and location, and final disposition: Type Details Here

***ADDITIONAL PAGES WILL BE PROVIDED AS NECESSARY***