



PO Box 112
133 W 8th St
Russell KS 67665-0112
Phone: (785) 483-6311
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APPLICATION FOR SOLICITOR LICENSE

The undersigned herewith makes application to the City of Russell, Kansas for a solicitor's license for the period of _____ to December 31, _____ under the provisions of the ordinances of the City of Russell, and herewith submit the following information:

Name _____

Home Address _____

Local Address _____

Phone # _____ Date of Birth _____ Sex M / F

Hair Color _____ Eye Color _____ Height _____ Weight _____

Nature of Business _____

Length of time engaged in business _____ Do you have credentials showing employment? Y / N

Name of Employer _____

Address of Employer _____ Employer Phone # _____

Driver's License: Number _____ State _____ Country _____

Vehicle Used: Make _____ Model _____

Tag # _____ Tag State _____

Have you ever been convicted of any crime, misdemeanor or the violation of any municipal ordinance? Y / N
If so, give date, nature of offense and punishment imposed: _____

Have you had a solicitor's License in Russell within the past year? Y / N

Applicant's Signature Date

INVESTIGATION FEE: \$25.00 / ALL LICENSES EXPIRE ON DECEMBER 31ST

POLICE DEPARTMENT INVESTIGATION: _____

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY OF _____, 20____

CITY CLERK