

CITY OF O'NEILL
VENDOR'S LICENSE APPLICATION

Please print the following information:

TODAY'S DATE, _____

NAME OF APPLICANT _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

HOME ADDRESS _____

HOME TELEPHONE _____

TEMPORARY ADDRESS & PHONE NO. _____

EMPLOYER OF APPLICANT _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S TELEPHONE NO.. _____

IMMEDIATE SUPERVISOR OF APPLICANT _____

ADDRESS & PHONE NUMBER OF IMMEDIATE SUPERVISOR _____

DESCRIPTION OF PRODUCTS OR SERVICES TO BE SOLD _____

DATES OF SOLICITATION _____

TOTAL PERMIT FEE (\$50.00 PER DAY), _____

NOTICE TO APPLICANT

IF INCORRECT OR INACCURATE INFORMATION IS PROVIDED ABOVE, THE APPLICATION WILL BE DENIED AND YOU WILL BE PREVENTED FROM DIRECT SOLICITATION WITHIN THE CITY OF O'NEILL FOR A PERIOD OF ONE YEAR FROM THE DATE OF THIS APPLICATION. ALL INFORMATION PROVIDED BY YOU WILL BE VERIFIED BY THE CITY.

IF THE APPLICATION IS GRANTED, THE ORDINANCES OF THE CITY PROHIBIT YOU FROM ANY DIRECT SOLICITATION FROM THE HOURS OF 6:00 P.M. TO 8:00 A.M. ANY DIRECT SOLICITATION BY YOU DURING THE PROHIBITED HOURS WILL RESULT IN THE AUTOMATIC REVOCATION OF YOUR DIRECT SOLICITAION LICENSE AND SUBJECT YOU TO A FINE AS PROVIDED BY CITY ORDINANCES.

SIGNATURE OF APPLICANT