



## Solicitor License Application

### Business Information:

Business Name: \_\_\_\_\_  
DBA Name: \_\_\_\_\_  
Sales Tax Permit #: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Contact email: \_\_\_\_\_  
Website: \_\_\_\_\_

Description of Business (Products Sold): \_\_\_\_\_  
\_\_\_\_\_

Are warranties applicable: \_\_\_\_Yes \_\_\_\_No

Proposed method of operation: \_\_\_\_\_  
\_\_\_\_\_

Dates of Solicitation: From: \_\_\_\_\_ To: \_\_\_\_\_

### **Solicitor(s) Information:**

Please list ALL persons who will solicit in the City on behalf of the business, and attach a legible, color copy of each person's state issue identification. Also include a copy of each person's Criminal Background check from the Arkansas State Police.

#1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

#2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

#3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

#4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

*(Attached separate sheet with above information of more space needed.)*

*Once you have submitted your online application, city staff will review your application and contact you if there are any questions. Once reviews and approvals are complete you will be notified of the fee due for issuance of permit. When we have received your payment, your license permit will be sent to the mailing address provided on the application.*

*You will be required to submit a Criminal Background Check from Arkansas State Police on all solicitors. Arkansas State Police can be reached at 479.751-6663 or [www.asp.arkansas.gov](http://www.asp.arkansas.gov)*

*By signing below, I agree that I have attached clean and clear copies of identification and criminal background check for all solicitors.*

*I also certify that the information I have submitted is true and accurate. NOTE: A false statement or misrepresentation may make the license null and void and constitute forfeiture of any fees paid.*

**Signature of Owner or Representative:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_