



**CITY OF ST. FRANCIS  
PEDDLERS, TRANSIENT  
MERCHANT, AND OTHER  
EMPLOYEE APPLICATION**

209 E. WASHINGTON  
PO BOX 517  
ST. FRANCIS, KS 67756  
785-332-3142 OFFICE  
785-332-2778 FAX  
CLERK@CITYOFSTFRANCIS.NET

**Employee Information:** \_\_\_\_\_  Peddlers  Transient Merchant  Other

Legal Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (For Background Check)

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

DOB: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

**Vehicle Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Company Information:**

Name of Company Representing: \_\_\_\_\_

Length of time you have been employed by the company: \_\_\_\_\_

Credentials establishing business relationship with the company: \_\_\_\_\_ (i.e. Business Card)

Authority from company authorizing the applicant to represent the employer in conducting business:

Signature of Supervisor or a Copy of Letter of Authorization: \_\_\_\_\_

**Business Details:** *Please Mark N/A if Service Oriented*

Description of the nature of the business: \_\_\_\_\_

How long will you be doing business in the City? \_\_\_\_\_

Where will services be performed, the goods or property proposed to sell, or the orders taken are manufactured or produced? \_\_\_\_\_

Where are your goods or products located at the time of application? \_\_\_\_\_

How will they be delivered? \_\_\_\_\_

**APPLICANT AGREEMENT AND SIGNATURE** (initial to indicate you have read and understand each statement.)

\_\_\_\_\_ I swear that I have not been convicted of a felony, misdemeanor (other than minor traffic violations) or violation involving force, moral turpitude, violence, deceit, fraud or any other law regulating the act of soliciting or canvassing as defined by the St. Francis Municipal Code, Chapter 5 Article 1 within the past five (5) years within any state of the United States.

\_\_\_\_\_ I swear that I have not had a solicitation permit or registration revoked or suspended under the ordinances of the City of St. Francis or any other city.



**CITY OF ST. FRANCIS  
PEDDLERS, TRANSIENT  
MERCHANT, AND OTHER  
EMPLOYEE APPLICATION**

209 E. WASHINGTON  
PO BOX 517  
ST. FRANCIS, KS 67756  
785-332-3142 OFFICE  
785-332-2778 FAX  
CLERK@CITYOFSTFRANCIS.NET

\_\_\_\_\_ I understand and agree that if this permit is granted, it will not be used or represented in any way as an endorsement of the City of St. Francis or any department or officer of the City of St. Francis.

\_\_\_\_\_ I understand that if this permit is granted, I must adhere to all regulations of the St. Francis Municipal code, Chapter 5 Article 1.

I, \_\_\_\_\_, swear that the facts given above are the truth, and my business will be conducted under the terms of this license.

The city clerk may deny any application or may revoke or suspend the license for a period of not to exceed 30 days for any of the following:

1. Fraud, misrepresentation or false statement contained in the application for license.
2. Fraud, misrepresentation or false statement contained in the course of carrying on the business.
3. Any violation of this article.
4. Conducting a business as defined in section 5-101 of the City Code in an unlawful manner or in such a manner as to constitute a breach of the peace or to constitute a menace to the health, safety or general welfare of the city.
5. Conviction of the crime of theft, larceny, fraud, embezzlement or any felony within two years prior to the application date.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTE: SIGNATURE MUST BE NOTARIZED (City Hall can notarize upon return of application)**

**OFFICE USE ONLY:**

\_\_\_\_\_ I have examined the application for a peddler, transient or \_\_\_\_\_ license and I have initiated an investigation via the Kansas Bureau of Investigation.

\_\_\_\_\_ I have received payment of \$25.00 for the investigation fee for each employee soliciting on behalf of the company and a license fee of

\_\_\_\_\_ \$10.00 per day for \_\_\_\_\_ days      OR

\_\_\_\_\_ \$50.00 for the annual license fee for current residents of Cheyenne County, Kansas

\_\_\_\_\_ \$75.00 for the annual license fee for non-residents of Cheyenne County, Kansas



**CITY OF ST. FRANCIS  
PEDDLERS, TRANSIENT  
MERCHANT, AND OTHER  
EMPLOYEE APPLICATION**

209 E. WASHINGTON  
PO BOX 517  
ST. FRANCIS, KS 67756  
785-332-3142 OFFICE  
785-332-2778 FAX  
CLERK@CITYOFSTFRANCIS.NET

---

**OFFICE USE ONLY:**

\_\_\_\_\_ I have received the attached application form on \_\_\_\_\_,  
Date

\_\_\_\_\_ and have investigated the applicant and find the character and business responsibility and facts stated therein are **satisfactory and true**. Upon collection of a \$25.00 investigation fee and \$\_\_\_\_\_ license fee, a license may be issued.

**OR**

\_\_\_\_\_ and have investigated the applicant and find the character and business responsibility and facts stated therein **unsatisfactory and untrue**. The Clerk will notify the applicant that no license will be issued.

---

City Clerk

Any person aggrieved by the action in the denial of an application, revocation, or suspension of a license as provided shall have the right of appeal to the governing body. The governing body meets in the Council Chambers of City Hall the second and fourth Monday of the month at 7:30pm.



**CITY OF ST. FRANCIS  
PEDDLERS, TRANSIENT  
MERCHANT, AND OTHER  
EMPLOYEE APPLICATION**

209 E. WASHINGTON  
PO BOX 517  
ST. FRANCIS, KS 67756  
785-332-3142 OFFICE  
785-332-2778 FAX  
CLERK@CITYOFSTFRANCIS.NET

---

**Kansas Notary Acknowledgement**

State of Kansas

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name(s) of person(s)).

(Seal)

\_\_\_\_\_  
(Signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My appointment expires: \_\_\_\_\_