



218 North State, Knob Noster, MO 65336

CITY OF KNOB NOSTER

660-563-2595

Date of application

PEDDLER'S LICENSE APPLICATION

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS _____

APPLICANT'S PHONE: _____

DRIVER'S LICENSE#: _____ STATE: _____

DATE OF BIRTH: _____ SS#: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____

VEHICLE INFORMATION

MODEL: _____ COLOR: _____ YEAR: _____

LICENSE#: _____ STATE: _____

OTHER SOLICITORS

NAME	DOB	DRIVER'S LICENSE # & STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature