APPLICATION TO DO BUSINESS WITHIN THE CITH OF GALVA

The undersigned hereby makes application for a license to sell_____
within the corporate limits of the City of Galva.

NAME OF BUSINESS_____
BRIEF DESCRIPTION OF BUSINESS_____
_____
PERMANENT ADDRESS_____
_____
TELEPHONE NUMBER_____
KANSAS SALES TAX NUMBER_____
DRIVERS LICENSE NUMBER_____BIRTH DATE_____
EXPIRATION DATE_____SOCIAL SECURITY NUMBER_____
DESCRIPTION OF APPLICANT_____
_____
CURRENT LISTING OF SALESPERSONS TO WORK AREA_____
_____
_____
A CURRENT PHOTOGRAPH OF APPLICANT MUST ACCOMPANY APPLICATION

STATEMENT AS TO CONVICTIONS WITHIN TWO YEARS OF APPLICATION OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL LAW REGULATING PEDDLERS, SOLICITORS OR CANVASSERS_____
_____
_____

I hereby certify that the above information is true and correct.
DATED THIS_____DAY OF_____,_____SIGNED_____
_____

APPROVAL. THE ABOVE APPLICATION FOR LICENSE IS HEREBY APPROVED THIS_____DAY OF_____,_____.

_____
CHIEF OF POLICE

LICENSE

IN ACCORDANCE WITH THE ABOVE APPLICATION AND APPROVAL, PERMISSION IS GRANTED BY THE CITY OF GALVA TO_____DOING BUSINESS AS_____ IN STRICT COMPLIANCE WITH THE ORDINANCES AND REGULATIONS OF THE CITY OF GALVA.

RECEIPT OF FEE OF $_____, IS HEREBY ACKNOWLEDGED.
DONE AT GALVA, KANSAS THIS_____,DAY OF_____,_____.

_____
City Clerk

LICENSED FROM JANUARY 1,____TO DECEMBER 31, _____