



# City of Holden

816-732-4811  
101 W. 3rd St. Holden, MO 64040  
cityclerk@cityofholden.com

## PEDDLERS LICENSE APPLICATION

\$10 per application

1. Name of Applicant: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_
3. Business Name: \_\_\_\_\_
4. Address of Applicant: \_\_\_\_\_ Address of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Provide a brief description of the proposed activity:  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Has the applicant been convicted of any crime? \_\_\_\_\_  
 If yes, state the nature of the offense and the penalty imposed:  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Motor vehicle description – make, model, year, color, registration number. List all vehicles that will be used in the proposed activity:  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that all information provided in this application and any attachments is true and correct. I am aware that any misrepresentation or false information given in this application is reason for denying the license. Also, that my license could be revoked if false information is found.

\_\_\_\_\_  
Initial

I hereby give the city of Holden permission to conduct any and all investigations into my background as is deemed necessary to verify the information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date