

City of St. Robert, Missouri
194 Eastlawn Ave., Suite A
St. Robert, Missouri 65584
www.saintrobert.com



573-451-2000
(Extension 1112)
573-336-5714 (fax)

PEDDLER'S APPLICATION

NAME _____ PHONE _____
BUSINESS NAME _____ PHONE _____
ADDRESS _____

PLEASE PROVIDE A COPY OF A DRIVERS LICENSE, STATE ID, PASSPORT OR OTHER GOVERNMENT ISSUED ID CARD WITHIN THE U.S.

DATE OF EVENT _____ LOCATION OF EVENT _____

THE PERMANENT AND LOCAL ADDRESS OF EACH APPLICANT, DATE AND PLACE OF BIRTH OF EACH PERSON FOR WHOM A PERMIT IS REQUESTED AND THE SOCIAL SECURITY NUMBER OF EACH PERSON:

PLEASE LIST ALL INFRACTIONS, OFFENSE, MISDEMEANOR AND FELONY CONVICTIONS OF EACH PERSON FOR WHOM A PERMIT IS REQUESTED FOR THE SEVEN (7) YEARS IMMEDIATELY PRIOR TO THE APPLICATION.

BELOW PLEASE LIST THE MOTOR VEHICLE MAKE, MODEL, YEAR, COLOR, AND STATE LICENSE PLATE NUMBER OF ANY VEHICLE WHICH WILL BE USED BY EACH PERSON FOR WHOM THE PERMIT IS REQUESTED:

SUBMIT A COPY OF YOUR MISSOURI SALES TAX NUMBER.

ARE YOU TAX EXEMPT FROM COLLECTING SALES TAX? _____

IF YES, BY WHAT AUTHORITY _____

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I DO HEARBY SWEAR THAT ALL OF THE ABOVE INFORMATION/STATEMENTS ARE TRUE AND CORRECT. I AUTHORIZE ANY REPRESENTATIVE OF THE CITY OF SAINT ROBERT TO RECEIVE VERIFICATION OF THESE STATEMENTS AND REALIZE THAT FAILURE TO SUPPLY STATEMENTS OR FALSIFICATION OF STATEMENTS MAY RESULT IN THIS APPLICATION BEING DENIED.

DATE _____ SIGNATURE _____

APPROVED ON _____

REPRESENTATIVE OF ST. ROBERT POLICE DEPARTMENT DATE

MAYOR OF CITY / ADMINISTRATION DATE