



City of Webb City * PO Box 30 * 200 Main Street * Webb City, Missouri 64870

Office of Administration 417-673-4651

Solicitor/ Canvasser License

Applicant Information

_____/_____/_____
Last Name First Name Middle Name Date of Birth

Street Address Phone Number

City State Zip Driver's License or State ID Number

Height Weight Male or Female Hair Color Eye Color State License or ID was Issued
Circle One

Business Name: _____

Business Address: _____
(Street Address) (Suite Number) Phone Number

City State Zip

Contact Person: _____ Contact Phone Number: _____

Description of Business _____

List the exact dates and times of day desired to do business (Maximum of 14 consecutive days, 8am to 9pm)

Dates: _____ Number of Days: _____

Vehicle(s) to be used in the city of Webb City

Year Make Model Color License Plate Number

Year Make Model Color License Plate Number

Signature of Applicant* Date

*By signing this application, the applicant hereby certifies that the information provided in this application is complete and correct to the best of their knowledge.

**Failure to provide truthful and complete information as required in this application and/or failure to pay the required fee will result in denying of a license.