



LYONS • KANSAS
PRIDE of the TRAIL

SOLICITORS PERMIT

PERMIT #

201 WEST MAIN • P.O. BOX 808 • LYONS, KS 67554
PHONE (620) 257-2320 • FAX (620) 257-3743 • WEBSITE: LYONSKS.ORG

SOLICITOR INFORMATION				
NAME: FIRST		M.I.	LAST	DATE:
MALE	FEMALE	OTHER _____	EYE COLOR:	HEIGHT:
DRIVER'S LICENSE #:		SOCIAL SECURITY #:		DATE OF BIRTH:
VEHICLE MAKE/MODEL:		YEAR:	COLOR:	TAG #:
PERMANENT ADDRESS:		STREET		
		CITY	STATE	ZIP
LOCAL ADDRESS:		STREET		
		CITY	STATE	ZIP

BUSINESS INFORMATION	
NAME OF BUSINESS:	KS SALES TAX #:
Description of business and goods/ services sold or distributed:	
DATES SOLICITING / CANVASSING IN CITY OF LYONS:	

PLEASE INITIAL EACH BOX BELOW INDICATION THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:	
<input type="checkbox"/>	I SWEAR THAT I HAVE NOT BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR ORDINANCE VIOLATION INVOLVING FORCE, VIOLENCE, MORAL TURPITUDE, DECEIT, FRAUD, OR ANY LAW REGULATING THE ACT OF SOLICITING OR CANVASSING AS DEFINED BY THIS CHAPTER WITHIN THE PAST FIVE (5) YEARS IN THIS CITY, STATE, OR ANY OTHER STATE OR SUBDIVISION THEREOF OR OF THE UNITED STATES.
<input type="checkbox"/>	I SWEAR THAT I HAVE NOT HAD A SOLICITATION PERMIT OR REGISTRATION REVOKED OR SUSPENDED UNDER THE ORDINANCES OF THE CITY OF LYONS OR ANY OTHER CITY.
<input type="checkbox"/>	I UNDERSTAND AND AGREE THAT IF THIS PERMIT IS GRANTED, IT WILL NOT BE USED OR REPRESENTED IN ANY WAY AS AN ENDORSEMENT OF THE CITY OF LYONS OR ANY DEPARTMENT OR OFFICER OF THE CITY.
<input type="checkbox"/>	I UNDERSTAND THAT IF THIS PERMIT IS GRANTED I MUST ADHERE TO ALL REGULATIONS OF CITY OF LYONS CITY CODE, CHAPTER 8 ARTICLE 2, AND THAT IF I FAIL TO FOLLOW THE REGULATIONS THAT I MAY BE SUBJECT TO FINES UP TO \$1,000 AND IMPRISONMENT.
<input type="checkbox"/>	I UNDERSTAND THAT I AM RESPONSIBLE FOR COLLECTION OF APPLICABLE SALES TAXES AND SUBMISSION OF THOSE TAXES TO THE KANSAS DEPARTMENT OF REVENUE.

I SWEAR THAT THE PRIOR INFORMATION IS TRUE AND ACCURATE:	
SIGNATURE OF APPLICANT:	DATE:
SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 20_____.	
MY COMMISSION EXPIRES:	SIGNATURE OF NOTARY:
SEAL:	

CITY CLERK SIGNATURE:	RECEIPT#:	FEE: \$10-DAY, \$300 ANNUAL
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