

**APPLICATION FOR SOLICITOR'S LICENCE
CITY OF SIDNEY, MONTANA**

Application: _____ Approved _____ Disapproved By: _____ Date: _____ Title: _____ <p style="text-align: center;">OFFICIAL USE ONLY</p>
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Please print or type all items entirely. Unsigned, incomplete and/or inaccurate applications **WILL NOT** be considered.

1. Type of Application: Individual Partnership Corporation Other:
2. Name Business Operates Under: _____
3. Home Address of Business: _____
 Street: _____
 City: _____ State: _____ Zip: _____
4. Home Telephone Number of Business: _____ Fax: _____
5. Any Other Name Business Operates Under: _____
6. Any Parent Company or Affiliated Business: _____
7. While in Sidney will business be conducted Door to Door? Stationary?
 If stationary, you must provide location: _____
8. Dates and times conducting business in Sidney: _____
9. Description of goods / services to be sold in Sidney: _____
10. Name of manufacturer or supplier of goods to be sold in Sidney: _____
11. Any terms of cancellation of agreement by purchaser: _____

I hereby swear that the information contained herein or attached is true and correct to the best of my knowledge. Falsification of any information or failure to complete this application may result in the denial of the license or subsequent cancellation of the license. Under Montana Law, Section 45-7-203, Montana Code Annotated, 1999, it is a criminal offense punishable by a fine of \$500 or 6 months in the county jail, or both, for making a false statement with the purpose to mislead a public servant in the performance of their official function.

Dated this _____ day of _____ 20 _____

Applicant's Signature

Title

SUPERVISING AGENT AND ADDITIONAL AGENTS MUST BE LISTED ON THE BACK OF THIS FORM	
CITY TREASURER RECEIPT NO: _____	INVESTIGATION REQUIRED? YES _____ NO _____ PAID:
SURETY BOND POSTED IN COMPLIANCE WITH CITY OF SIDNEY CODE 5-6-8	YES _____ NO _____
BONDING COMPANY: _____	BOND NO: _____

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APPLICATION FOR SOLICITOR'S LICENCE - PAGE 2
CITY OF SIDNEY, MONTANA

The following information must be provided for each supervisor, agent, salesperson, or any representative of the applicant's company working within the City of Sidney.

Name of supervising agent while in Sidney: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ SSN: _____ Date of Birth: _____

Vehicle used while engaged in business in Sidney: Make: _____ Model: _____

Year: _____ Color: _____ License #: _____ State: _____

Has the supervising agent ever been convicted of any violation of laws of the United States, any state, county, or municipality, except for traffic offenses? Yes No

If yes, state type of offense, date and location, and final disposition: _____

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Name of additional agent working in Sidney: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ SSN: _____ Date of Birth: _____

Vehicle used while engaged in business in Sidney: Make: _____ Model: _____

Year: _____ Color: _____ License #: _____ State: _____

Has the supervising agent ever been convicted of any violation of laws of the United States, any state, county, or municipality, except for traffic offenses? Yes No

If yes, state type of offense, date and location, and final disposition: _____

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Name of additional agent working in Sidney: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ SSN: _____ Date of Birth: _____

Vehicle used while engaged in business in Sidney: Make: _____ Model: _____

Year: _____ Color: _____ License #: _____ State: _____

Has the supervising agent ever been convicted of any violation of laws of the United States, any state, county, or municipality, except for traffic offenses? Yes No

If yes, state type of offense, date and location, and final disposition: _____

ADDITIONAL PAGES WILL BE PROVIDED AS NECESSARY