

ALL QUESTIONS ON THIS APPLICATION ARE TO BE COMPLETED BY THE APPLICANT. THE APPLICATION WILL BE REJECTED IF NOT PROPERLY COMPLETED. PLEASE TYPE OR PRINT IN INK. THANK YOU.

APPLICATION FOR SOLICITOR'S LICENSE

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

TELEPHONE NUMBER OF BUSINESS: _____ YEARS IN BUSINESS _____

NAME OF SALES PERSON: _____

Provide full name (first, middle initial and last name)

ADDRESS OF SALES PERSON: _____

TELEPHONE NUMBER OF SALES PERSON: _____

LENGTH OF EMPLOYMENT WITH THIS COMPANY: _____

IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FOR LESS THAN ONE (1) YEAR PROVIDE YOUR PRIOR ADDRESS (street address, city, and state) _____

OTHER CITIES/COUNTIES THAT YOU HAVE BEEN LICENSED AT: _____

DESCRIPTION OF GOODS TO BE SOLD OR SERVICES PROVIDED: _____

This application is to be accompanied by a **current picture ID of the applicant**, as well as the applicable licensing fee. Fee information can be obtained from the City Clerk's Office, 319 3rd Street South, Glasgow, Telephone (406) 228-2476 or the City of Glasgow Police Department, 501 Court Square, Glasgow, Telephone (406) 228-4333.

If a license is issued as a result of this application, the applicant is aware that the license is non-transferable, and that each person selling merchandise is required to have his or her individual application. **LICENSE IS VALID FOR 90 DAYS FROM THE DATE ISSUED**

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN OR FALSIFICATIONS OF, THE ABOVE INFORMATION. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR A SOLICITOR'S LICENSE IN THE CITY OF GLASGOW, MONTANA.

DATE: _____ SIGNATURE OF APPLICANT: _____

DOB: _____ SS# _____

LICENSE FEE \$25.00

PAYMENT RECEIVED: _____ BATCH # _____
(DATE)