



**OFFICE OF THE CITY LICENSE INSPECTOR**

320 EAST MCCARTY ST.  
JEFFERSON CITY, MO 65101  
PHONE: (573)634-6322 FAX: (573)634-6329  
EMAIL: [BILLING@JEFFERSONCITYMO.GOV](mailto:BILLING@JEFFERSONCITYMO.GOV)

**DOOR TO DOOR LICENSE APPLICATION**

YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE IS APPROVED AND ISSUED.  
LICENSE MUST BE TURNED IN AT LEAST 3 BUSINESS DAYS PRIOR TO CONDUCT OF BUSINESS

**REQUIREMENTS:**

1. Completed license application and license fee payment (\$20 per employee).
2. **License must be carried on applicant/person at all times while engaged in soliciting or canvassing. Each employee must wear an identification badge at all times.**
3. List of all employees and basic information on each employee if applicable.
4. Criminal Record Fingerprint Search on every employee. These may be obtained from the Missouri State Highway Patrol, 1510 East Elm Street for a fee of \$20.00 (check or money order only).
5. Attach proof of employment if applicable.
6. **Hours of operation may ONLY be from 8 am to 8 pm.**
7. If food items are a part of your wares, you must contact the Environmental Health Division at (573) 634-6410 to obtain a Temporary Food Permit.

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Physical Location: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Sales Tax

Number: \_\_\_\_\_

Type of Goods to be Sold and Value of: \_\_\_\_\_

Name and Address of Manufacturer of

Goods: \_\_\_\_\_

Method of Delivery of Goods (if delivered at a later date, you will need to file a surety bond with the City in the amount of \$10,000): \_\_\_\_\_

Vehicle Year/Make/Model/Color: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

EMPLOYEE LISTING (USE REVERSE SIDE OF SHEET IF NEEDED):

EMPLOYEE NAME:	_____	
MALE OR FEMALE:	_____	DATE OF BIRTH: _____
HEIGHT:	_____	WEIGHT: _____ DRIVER'S LICENSE # _____
EMPLOYEE NAME:	_____	
MALE OR FEMALE:	_____	DATE OF BIRTH: _____
HEIGHT:	_____	WEIGHT: _____ DRIVER'S LICENSE # _____
EMPLOYEE NAME:	_____	
MALE OR FEMALE:	_____	DATE OF BIRTH: _____
HEIGHT:	_____	WEIGHT: _____ DRIVER'S LICENSE # _____
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EMPLOYEE NAME:	_____	
MALE OR FEMALE:	_____	DATE OF BIRTH: _____
HEIGHT:	_____	WEIGHT: _____ DRIVER'S LICENSE # _____

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**APPROVAL SIGNATURES**

Director of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*