



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

NOT-FOR-PROFIT SOLICITATION ON CITY STREETS TEMPORARY LICENSE APPLICATION

REQUIREMENTS:

1. Completed license application.
2. **License must be carried on applicant/persons at all times.**
3. List of all employees' basic information on each employee.
4. Proof of 501c(3) status.
5. Insurance certificate for liability insurance, for personal injury (minimum of \$300,000) and property damage (\$100,000).
6. All persons must be 16 years or older and wear a high visibility vest at all times and wear an I.D. badge.
7. If food items are a part of your wares, you must have signed authorization from the Community Development, Environmental Services Division that you meet the requirements established in the health code.

NOTE: Solicitation on City Streets for the purpose of: selling merchandise to, soliciting business or employment or contributions from, or handing out pamphlets and distributing literature to the occupant of any vehicle shall only take place at intersections of streets with no more than two lanes of travel (excluding turn lanes) where traffic has come to a complete stop. Areas where distribution is prohibited: Highway 50, Highway 54, Highway 63, Missouri Blvd., Ellis Blvd., Highway 179 or any intersection thereof. Solicitation may only take place during DAYLIGHT hours. (See Sec. 24-100 to 24-104 of the City Code.)

Date(s) & Time(s) License is Needed: _____

Applicant Name: _____

Business Name: _____

Business Mailing Address: _____

Temporary Location: _____

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: _____

IF THE FUNDS WILL BE GOING TOWARDS A FUNDRAISER PLEASE DESCRIBE: _____

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 # _____
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 # _____

APPLICANT SIGNATURE: _____ DATE: _____

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.