

**CITY OF RONAN
207 MAIN STREET SW
RONAN, MT 59864**

APPLICATION FOR SOLICITOR'S LICENSE

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.

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL NUMBER AND EMAIL ADDRESS: _____

BUSINESS NAME AND OWNERS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER AND EMAIL ADDRESS: _____

TYPE OF BUSINESS AND NUMBER OF YEARS IN BUSINESS: _____

OTHER CITIES/COUNTIES YOU HAVE LICENSES IN: _____

(COPIES OF THESE LICENSES MUST BE ATTACHED TO APPLICATION)

DESCRIPTION OF GOODS TO BE SOLD: _____

LIST ANY HAZARDOUS MATERIALS PRESENT AT YOUR BUSINESS: _____

(IF SELLING FOOD ITEMS) PERMIT NUMBER OF STATE, COUNTY OR CSKT HEALTH PERMITS: _____

(COPIES OF THESE PERMITS MUST BE ATTACHED TO APPLICATION)

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATION 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 RONAN.

APPLICANTS SIGNATURE: _____ DATE: _____

This application is to be accompanied by current proof of I.D. and licensing fees

LICENSE FEES ARE AS FOLLOWS: \$75.00 FOR A WEEK (7 CONSECUTIVE DAYS) OR \$150.00 PER YEAR

NOTE: "One Year" Licenses expire on December 31st of the issuing year.)