

CITY OF RONAN
207 Main Street SW
Ronan, MT 59864

APPLICATION FOR SOLICITOR'S LICENSE

ALL QUESTIONS ON THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT. THE APPLICANT WILL BE REJECTED IF APPLICATION NOT PROPERLY AND FULLY COMPLETED. PLEASE TYPE OR PRINT IN INK.

APPLICANT NAME _____

ADDRESS _____

PHONE NUMBER _____ CELL _____

EMAIL ADDRESS _____

BUSINESS NAME _____

OWNER'S NAME _____

ADDRESS _____

PHONE NUMBER _____ CELL _____

EMAIL ADDRESS _____

TYPE OF BUSINESS AND NUMBER OF YEARS IN BUSINESS _____

OTHER CITIES/COUNTIES YOU HAVE LICENSES IN _____

(COPIES OF OTHER LICENSES MUST BE ATTACHED TO APPLICATION)

DESCRIPTION OF GOODS SOLD _____

LIST ANY HAZARDOUS MATERILAS PRESENT AT YOUR BUSINESS _____

(IF SELLING FOOD ITEMS) PERMIT NUMBER FROM STATE, COUNTY OR CSKT _____

(COPY OF PERMIT/S MUST BE ATTACHED TO THIS APPLICATION)

INSURANCE PROVIDER _____

(COPY OF INSURANCE POLICY MUST BE ATTACHED TO THIS APPLICATION)

(WRITTEN PERMISSION FROM MANAGER OR OWNER OF PROPERTY ABUTTING PROPOSED LOCATION MUST BE ATTACHED)

(A DESRIPTION AND PHOTOGRAPH OR DRAWING OF ANY STAND TO BE USED IN THE OPERATION OF THE BUSINESS MUST BE ATTACHED)

REQUESTED VENDING LOCATION _____

TYPE OF APPLICATION: SHORT TERM ____, LONG TERM ____, EVENT ____.

REQUESTED STARTING DATE _____ EXPIRATION DATE _____

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 OR FALSIFICATIONS, MY APPLICATIONS WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR OR RECEIVING A VENDOR'S LICENSE IN THE CITY OF RONAN.

APPLICANTS'S SIGNATURE _____

DATE _____

This application shall be accompanied by current proof of identification and licensing fees.

License fees are as follows: Short term - \$75.00, Long term - \$150.00, Event - \$XX.XX