

**CITY OF CHICKASHA  
APPLICATION FOR SOLICITOR OR TRANSIENT MERCHANT LICENSE**

NAME OF APPLICANT \_\_\_\_\_ SS# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Owner     Corporation     Other \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL ACCOMMODATIONS MOTEL, ETC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
DRIVERS LIC. NUMBER: \_\_\_\_\_  
STATE ISSUED: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
CELL PHONE NUMBER: \_\_\_\_\_  
TAX NUMBER: \_\_\_\_\_

PRODUCTS BEING SOLICITED  
\_\_\_\_\_  
\_\_\_\_\_

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

PLEASE REFER TO CITY ORDINANCE CHAPTER 5, ARTICLE I AND CHAPTER 5, ARTICLE II  
FOR ADDITIONAL INFORMATION ON SOLICITOR AND TRANSIENT MERCHANT LICENSES.

**OFFICIAL USE ONLY**

POLICE DEPARTMENT APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CITY CLERK APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF LICENSED ISSUED \_\_\_\_\_ LICENSED # ISSUED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ I.D. VERIFIED     YES     NO

LICENSE VALID FOR \_\_\_\_\_ DAYS.    DATES: \_\_\_\_\_ THRU \_\_\_\_\_

NOTES OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_