

CITY OF ROCK PORT
500 SOUTH MAIN STREET
ROCK PORT, MISSOURI 64482
4TH CLASS CITY
POPULATION: 1,270



CITY HALL
PHONE: (660) 744-2636
FAX: (660) 744-5553
RPCITYHALL@RPMO.COM
WWW.RPMO.COM

PEDDLER LICENSE APPLICATION

Any person desiring a permit to engage in business as a peddler within the City should apply at least 48 hours prior to engaging in business as a peddler. Before any permit shall be issued, the applicant therefor shall pay to the City license fee of \$50.00 to the City Clerk.

BUSINESS INFORMATION

NAME OF BUSINESS/COMPANY

BUSINESS TYPE

SALES TAX NUMBER *(if applicable)*

PHISICAL ADDRESS

CITY, STATE ZIP

MAILING ADDRESS *(if different from above)*

CITY, STATE ZIP

EMAIL ADDRESS

PHONE NUMBER

DO YOU DEMAND MONEY IN ADVANCE OF GOOD OR SERVICE

EMPLOYEE INFORMATION

LAST NAME

FIRST NAME

ADDRESS

CITY, STATE ZIP

EMAIL ADDRESS

PHONE NUMBER

SSN

PLACE OF BIRTH

DRIVERS LICENSE NUMBER

STATE

EXPIRATION

VEHICLE YEAR

VEHICLE MAKE

VEHICLE COLOR

VEHICLE LICENSE NUMBER & STATE

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COMMUNITY RECOMMENDATIONS

Please include the community name along with a contact phone number

COMMUNITY 1

COMMUNITY 2

COMMUNITY 3

COMMUNITY 4

COMMUNITY 5

APPLICATION APPROVAL

CITY CLERK APPROVE DENIAL

REASON FOR DENIAL *(if applicable)* APPROVE DENIAL

CHIEF OF POLICE

REASON FOR DENIAL *(if applicable)*

FOR OFFICE USE ONLY

DATE PURCHASED NEW RENEWAL _____
YEAR FIRST LICENSE ISSUED

PAYMENT AMOUNT CASH CHECK _____
CHECK NUMBER

ADDITIONAL NOTES

