



CITY OF PAULS VALLEY

Code Enforcement Department

P. O. Box 778 * 103 S. Chickasaw St. * Pauls Valley, OK 73075 * FAX 405-238-9361

Code Enforcement Officer: Todd O'Quinn * 405-238-3308 ext. 161 * E-Mail toquinn@cityofpaulsvalley.com

Code Enforcement Officer: Kelly Smith * 405-238-3308 ext. 162 * E-Mail ksmith@cityofpaulsvalley.com

SOLICITORS / PEDDLER'S LICENSE

Company Name: _____ Date: ____/____/20____

Business Address: _____ Telephone No.:() _____

City: _____ Fax No: () _____

State: _____ Zip Code: _____ - _____

Employee Name: _____ Telephone No: () _____ - _____

Local Address: _____ Hair: _____ Eye: _____ Sex: _____

City: _____ Weight: _____ Height: _____ Race: _____

State: _____ Driver License No: _____ ST: _____

Photo Identification: Applicant shall submit photo, if no drivers license.

Vehicle to be used: Make: _____ Model: _____ Color: _____ Year: _____

(if Applicable)

Vehicle Tag Number: _____ State: _____

Hours of operation applicant wishes to do Business: From _____ to _____

Description of business and goods to be sold: _____

Location of sales: _____

REQUIRED DOCUMENTS, (were applicable):

1. Oklahoma State Tax No.: _____

Proof that he / she is bonded as group II vendor by the State Tax Commission or other proof that sales tax has been or is being paid on the merchandise sold or to be sold.

2. Health Dept. License No.: _____

Proof that a County Health Department permit has been obtained.

3. Oklahoma Department of Agriculture License No. _____

Proof that a nursery and floral inspection certificate has been obtained from the Oklahoma Department of Agriculture.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT AND THAT I WILL ABIDE BY ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THE TYPE SALES PERMITTED BY THIS LICENSE AND THAT I SHAL HAVE THIS LICENSE ON MY PERSON AT ALL TIME WHEN CONDUCTING SALES TO BE PRESENTED TO CUSTOMER, POLICE OR CODE ENFORCEMENT OFFICIAL WHEN ASKED.

Applicant Signature

***** ONE PERSON PER LICENSE NON-TRANSFERABLE*****

LICENSE PERIOD:

Issued: ____/____/20____

Expire: ____/____/20____

LICENSE FEE: \$ _____ :

Issued By _____

Code Official