611 Mulberry Road, Suite 300
Derby, KS 67037
Phone 316-788-1519
www.derbyks.gov

Application for
Canvasser, Solicitor, Peddler

Fee Per Applicant

Application Date: _____ ☐ Day/$50 ☐ Month/$200 ☐ 6 Months/$600 ☐ Year/$750

☐ A current driver's license or alternate approved photo identification is required.

☐ Applicants must complete an Authorization for Release of Personal Information.

Background checks may take up to 30 days.

The undersigned herewith makes application to the City of Derby, Kansas for a canvasser, solicitor or peddler's license and herewith submits the following information:

Full Name: Last _____ First _____ Middle _____

Other Names Used (Maiden, Previous Marriage, etc.) _____

Home Address _____ City _____ State _____ Zip _____

Local Address (if different than Home Address) _____ City _____ State _____ Zip _____

( ) _____ ( ) _____ _____
Home Phone # Cell Phone # E-mail Address (For City Use – Public Notifications)

_____ _____ _____ _____
Date of Birth Social Security # Drivers License # State Issued

_____ _____ _____ _____ _____ _____
Race Sex Height Weight Hair Color Eye Color

Nature of Business _____

Name of Employer _____ Length of Time in Business _____

Address of Employer _____ Phone # _____

Vehicle to be Used: Year, Make, Model, Color, Tag #, Other Markings

Identify 2 reliable persons who will certify to your character and business responsibility (current coworkers excluded):

Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____

Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____

Have you ever been convicted of a crime, felony, misdemeanor or violation of any City, State or County Ordinance/Statute? YES / NO (Please circle one)

If answer is "Yes" please give nature of same: _____

☐ I acknowledge that if the license is denied, the City will retain a minimum fee per applicant to cover the cost of the background investigation. *Day minimum fee: $50; 1 Month, 6 Month, and 1 Year minimum fee: $200.*

_____ _____
Applicant Signature Chief of Police Approval

DERBY POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, of any part thereof, concerning myself, by a duly authorized agent of the Derby Police Department, whether said records are of public, private or confidential nature, and regardless of whether the information released may be derogatory in nature.

I also agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of birth: _____Social Security No. _____

SIGNATURE OF APPLICANT _____

STATE OF KANSAS)
)ss.
COUNTY OF SEDGWICK)

Subscribed and sworn to before me this _____day of _____, _____
Date Month Year

_____ _____
Notary Public **My commission expires**