CITY OF FAIRWAY KANSAS
APPLICATION FOR SOLICITATION PERMIT
5252 BELINDER
FAIRWAY, KS 66205
913-262-2364

NAME OF ORGANIZATION/BUSINESS _____

PHONE _____ ADDRESS _____

CITY, STATE, ZIP _____

ADDRESS OF NATIONAL HEADQUARTERS / IF APPLICABLE:

_____

PURPOSE OF SOLICITATION _____

SOLICITATION MAY BE CONDUCTED BETWEEN 9 AM AND 7 PM

THE HOURS DURING WHICH YOU INTEND TO SOLICIT _____

PERMITS CAN BE ISSUED FOR A MAXIMUM OF 30 DAYS

DATE TO BEGIN SOLICITATION _____

DATE TO END SOLICITATION _____

IF THIS PERMIT IS GRANTED, IT WILL NOT BE USED OR REPRESENTED IN ANY WAY AS AN ENDORSEMENT BY THE CITY OF FAIRWAY OR BY A DEPARTMENT OFFICER THEREOF.

DURING THE PERIOD SPECIFIED IN SUCH PERMIT, IF THERE IS ANY CHANGE IN FACT, POLICY, OR METHOD THAT WOULD ALTER INFORMATION GIVEN IN THIS APPLICATION, THE APPLICANT WILL NOTIFY THE CITY IN WRITING THEREOF WITHIN FORTY-EIGHT (48) HOURS AFTER SUCH CHANGE.

AT NO TIME DURING THE PERIOD OF SOLICITATION WILL THE APPLICANT OR HIS/HER AGENTS SOLICIT AT ANY RESIDENCE WITHIN THE CITY WHERE THERE IS CLEARLY AND VISIBLY POSTED A SIGN REQUESTING "NO SOLICITATION" OR "NO TRESPASSING" OR WORDS OF SIMILAR IMPORT. EACH SOLICITOR WILL CARRY ON HIS/HER PERSON A COPY OF THE SOLICITATION PERMIT ISSUED BY THE CITY.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF THE SOLICIATION ORDINANCE, AND UNDERSTAND THAT ANY VIOLATION OF THE SOLICITATION ORDINANCE WILL RESULT IN THE TERMINATION OF MY PERMIT.

_____

APPLICANT'S FULL NAME SEX DOB

_____

HOME ADDRESS CITY, STATE, ZIP PHONE NUMBER

_____

DRIVER'S LICENSE NUMBER STATE TODAY'S DATE

_____

APPLICANT SIGNATURE

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PLEASE READ

I UNDERSTAND THAT BY FILLING OUT THE BELOW INFORMATION, WHICH INCLUSES MY NAME, ADDRESS, DATE OF BIRTH, AND DRIVER'S LICENSE NUMBER, THAT I AM GIVING THE FAIRWAY, ANSAS POLICE DEPARTMENT AND ANY OF IT'S EMPLOYEES THE RIGHT TO PERFORM A CRIMINAL HISTORY RECORD CHECK.

THE POLICE DEPARTMENT IS REQUIRED TO PERFORM CRIMINAL HISTORY RECORD CHECKS ON ALL PERSONS APPLYING TO SOLICIT IN THE CITY. TO PERFORM THESE MANDATORY CHECKS, THE INFORMATION BELOW MUST BE PROVIDED ON EACH PERSON NAMED IN THE APPLICATION, OR THE PERMIT WILL NOT BE CONSIDERED.

LAST NAME	FIRST NAME	ADDRESS	DATE OF BIRTH	DL #	DL STATE

FOR OFFICE USE ONLY: PERMIT NUMBER(S) _____ DATE ISSUED _____