

CITY OF WESTWOOD, KANSAS  
4700 RAINBOW BOULEVARD  
WESTWOOD, KS 66205  
913.362.1550  
info@westwoodks.org

APPLICATION FOR SOLICITATION PERMIT

Applicant Information

Name: \_\_\_\_\_

First Middle Last Maiden (if applicable)

Present address: \_\_\_\_\_

Phone Number: Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License/State Issued ID Number and State of Issuance: \_\_\_\_\_

Purpose of the solicitation - please provide a sample of brochures, any hand-outs or order forms.

\_\_\_\_\_

Length of time you plan to be working in Westwood (cannot exceed 90 days): \_\_\_\_\_

Vehicle Information

License number and state of issue: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

Principal Office (include both local and non-local principal office, if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Officers/Executives: \_\_\_\_\_

Has applicant or person or persons who will be making the solicitations, within five years preceding the date of filing, been convicted of a FELONY, or other violation of the laws of the United States or of any state or city of the United States where such CONVICTION was for an OFFENSE involving force or threat of force, theft, dishonesty, fraud, sexual misconduct or moral turpitude or where such conviction was for violation of this ordinance or the solicitation ordinance of any other city, and if so, the nature of the offense and the punishment or penalty assessed therefore.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Date

FOR OFFICE USE ONLY

Received:

Date:

Approved/Issued:

Date:

Police Department Report:

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Signature of Officer

Date